# STRUCTURAL INTEGRATION

THE JOURNAL OF THE ROLF INSTITUTE®

MARCH 2008

# TABLE OF CONTENTS

*STRUCTURAL INTEGRATION: THE JOURNAL OF THE ROLF INSTITUTE®*

March 2008

Vol. 36, No. 1

*PUBLISHER*

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*Structural Integration: The Journal of The Rolf Institute®* (USPS 0005-122, ISSN 1538-3784) is published quarterly by the Rolf Institute, 5055 Chaparral Ct., Ste. 103, Boulder, CO 80301. Periodicals Postage Paid at Boulder, Colorado. POSTMASTER: Send address changes to Structural Integration: The Journal of The Rolf Institute®, 5055 Chaparral Ct., Ste. 103, Boulder, CO 80301.

# Ask the Movement Faculty

## How to Interest Clients in Movement Work

**By Jane Harrington, Rolf Movement Faculty Chair, Rolfing Instructor**

*I'm having trouble finding ways to include movement in my Rolfing® practice. So many people seem to be so starved for touch that they are not willing to spend much or any of their session time learning about how to help themselves. How do you get clients interested in doing movement work?*

To answer, I'd like to begin with my personal experience of blending movement into structural sessions. From the very beginning of my journey with Rolfing, I have worked at the interface of structure and function. My initial attraction to Rolfing stemmed from my passionate interest in human movement, and I was trained in the very first Rolf Movement certification in 1979. At that time it was possible to become a Rolf Movement Teacher without prior certification as a Certified Rolfer. The structure of the training showed me the inherent logic of the series from a functional point of view. This blend of the two aspects of our work is where much of my excitement continues to exist . Just as there is a structural logic to our work, there is also a functional logic, and your work with the client will integrate more deeply if you use techniques that engage both aspects of our work.

You make a very good observation when you talk of our clients being "starved for touch."

Most positively, the movement aspect of our work has a strong touch component. We contact the clients with a range of touch techniques as we are working with re-training the coordination and perception. One way to work is to anchor the tissue, creating a fixed point and calling for movement. This releases the tissue while teaching your client about new sensations and new ways to move.

A sure way to combine structural and functional work is through your quality of touch. By making contact and then inviting the tissue to open rather than always working directly toward your intentions, you give the client a fuller felt sense of the work.

If you perceive the body as motion, you can work in a way that makes use of and augments the body's inherent motion. Varying your touch quality and pacing also offers clients new ways of perceiving themselves. Every time you encourage your client's awareness during the table work while asking for movement, you reinforce a functional experience of the body. In this way your structural sessions always have an educational aspect and this, in turn, evokes the client's co-responsibility for your work together.

A large part of the functional aspect of our work is educational. If you can work with the client's daily activities as you give them new options for sensing and moving, it will deepen the integration of the structural work. Find out about your clients' daily activities. Insert into the conversation the idea of relationship between the repetitive motions of their lives and their structural imbalances. If they're already involved in a movement discipline such as yoga, establish the expectation that they will be learning ways to use that practice to support their Rolfing changes. Your work will have more value for your clients if you apply it to the things they are currently doing. If you are working with a sedentary person, use your best communication skills to suggest that self-awareness, self-care and perhaps a ten-minute daily walk will make the Rolfing process more potent and sustainable. I often take clients for short walks and we review ways to perceive ease in their structures while in motion.

In your initial session, find a movement that troubles the client, something – usually something uncomfortable – that will motivate him to take responsibility for changing a habit. This is usually related to what brought the client to Rolfing. Sitting – yes, sitting is a movement – is an obvious choice for so many people.

Our clients sit while they commute and sit while at their computers. A good place to begin work with sitting is while doing the seated bench work. You reinforce and add more information each time you do bench work – details about the sensation of weight-bearing, about dimension of breath, about spaciousness of the pelvic floor, about support from the floor, about lift through the core. This is movement work you can introduce in the first session and carry through the series. Sitting is also a productive place to work because it brings awareness to the relationship between clients' inner sensation and the ways they are present in the environment.

Comparing and contrasting habitual and new options in movement is essential. Sensing contrast helps clients clearly define the differences for themselves. These are differences within their systems and also in their relationships to the space and the world around them. We can only facilitate changes in function through perception or by changing the coordination of the pattern, so the client's felt experience is essential .

Expanding your own movement repertoire can help you in exploring options for your clients' activities . Using the principles of support, adaptability and palintonicity, you can improvise a way to coach just about any activity, whether or not you have ever done it yourself. In the past I have coached world-class runners, snowboarders and actors. You're ahead of the game, though, if you've experienced something of your clients' typical interests – running, yoga, Pilates, martial arts or ballroom dance. Sampling such activities serves the development of your own adaptability in the process.

An essential attribute of therapeutic relationship in Rolfing, whether primarily structural or functional in nature, is your sincere curiosity about your clients – about their goals for the work as well as their structure and movement patterns. Your curiosity gives passion to your understanding of efficient function, and guides you in making choices about the focus of a session and the intervention tools you will use. These will be different for different clients because you will always be seeking ways to work with each client's uniqueness.

Movement intervention requires patience – both in allowing time for a client's awareness to develop during any one session, and throughout your work together. Your patience is an essential model on which the clients can build his own patience with his process.

I hope this has been helpful for you. We always invite you to consider additional training and continuing education in the functional aspects of our work. The past ten years have seen some very exciting changes in the movement work at the Rolf Institute of Structural Integration®.

*Note: The Movement Faculty invites your questions about the functional aspect of Rolfing®. Please send questions to Sue Seecof, Managing Editor at seecof@aol.com.*

# In My Practice

*Editor's Note: The following contributions mark the start of a new column. Each issue will feature two practitioners somewhere in our global community. In this issue, we hear from two expatriate Americans, one practicing in Kenya, the other in Germany. The column is meant to be personal. We encourage pieces that give a sense of the particular Rolfers, their practices, their current obsessions, and the environments they are embedded in. It will be interesting to see what factors are common or universal among Rolfers, and what experiences are unique to a particular practitioner or locale. If you would like to contribute or suggest someone for a profile, please contact Sue Seecof, Managing Editor, at Seecof@aol.com.*

## An American in Kenya

**By Carol Dunlop, Certified Advanced Rolfer™**

Carol working on a good friend, a semi-wild cheetah

I've been trying for some time to write about Rolfing in Africa. I feel that I am a better raconteur than writer, and I have twenty-eight years of stories that I could tell. As I write this in mid-January, I am in Kenya, voluntarily housebound, due to the current and unusual backdrop of political unrest. We have had (not for the first time) fraudulent presidential elections. The opposition has been paying the dissident youth in the slums to demonstrate, and after three weeks of looting, burning and some killing, the situation is still at an impasse. What is abundantly clear is that neither of these two men, Kibaki or Odinga, is fit to govern. Both are holding on to the hope of power, and watching the country falter and its business decline. As I write, a slum not too far from my home is quiet, but in an hour the false parliament meets, and the opposition has stated they will chain themselves to the seats. With this as a backdrop, across the river at the end of my garden I can see some people of the lesser tribes (Gikuyu and Luo are usually the two contenders in the government) dancing, working themselves into a somewhat hypnotic state.

I came to Kenya in 1970, crossing 2000 miles of the Congo overland on a small motor bike. During the 1970s I co-owned a luxury tented safari company here, and I first learned about Rolfing from a Certified Rolfer from Seattle who came on safari and helped diagnose the trouble I was having with acute headaches. I went back to the U.S. for my training, finishing my Rolfing certification in 1979.

For more than twenty years I was the only Rolfer in Africa. Aside from a year in Cape Town, South Africa in 2005, and half of the 1990s in Australia, my base has been Kenya. Most years I would go abroad to further my education: advanced trainings in Rolfing, craniosacral and visceral work; trainings in Somato-Emotional Release, classes in osteopathic skills, and the like. I was a member of the Rolf Institute group that went to China in 1983, and I traveled to assist Upledger trainings in Australia and South Africa, and taught several osteopathic classes in South Africa (as well as in Kenya).

Although I travel extensively, I love Kenya and keep returning here. It is an amazingly cosmopolitan place. My practice at the moment consists of Russian, Spanish, French, Kenyan, English, Scots, and Armenian clients, and one American. (I have had few American clients over the twenty-eight years I have been Rolfing here…I'm not sure why.) I do a fair amount of work with staff of the United Nations in Nairobi, which may be why my practice tends to run to diverse cultural groups, as it is all by word of mouth. I usually average fifteen sessions a week, and often travel (or work) abroad three months of the year. Even with the political and social instability of the past three weeks, people have been braving the streets to come to sessions. Each day has been a movable feast, starting with confirming sessions at the beginning of the day.

I tend to get the toughest situations in my practice: people who have tried other methods to find they didn't get much, if any, long-lasting relief. For example, I am working on a young white Kenyan boy of thirteen who had a kidney transplant in the United Kingdom. He has a tremendous amount of scar tissue in the abdomen, and scarring from other ancillary operations. The major trouble is that they took out the wrong kidney. Now he has a transplanted one and the bad one. He is relatively pain-free now, as the scar tissue is not so restrictive. He has been back to the U.K. for a check-up, and his doctors were very happy with how the work has helped him. He grew half an inch, after not having grown for years.

Other clients at present include a young Russian boy whose feet literally turned in to touch each other (his knees and hips are very involved too, but after three sessions he is walking with much greater ease and about 45% improvement), the mother of former clients of mine, Indian, brought out from London late last year to have the ten sessions of Rolfing (even when the political trouble began, they decided to postpone her return as she was so happy with the relief in her back and shoulder - pain caused by being dragged around by the arm in a robbery some years earlier),

and another Russian – a woman working with refugees coming into Kenya – who had been beaten up.

Of course, my practice has the usual "Landrover backs" – safari-*wallas* who have traveled over pot-holed roads, or where there are no roads at all, and suffer back troubles as a result. (*Walla* is a Hindi suffix that designates that one is a doer of the preceding word / activity – for example, *duka walla* is a shopkeeper; the term has crept into the vernacular here.)

One wonderful thing about Nairobi is that people are well-rooted here. I get to see people I worked on some twenty-five years later, and see that it is true – the work lasts, it lasts well, and people seldom get a recurrence of the problems they had when they first came in. My French and German clients in particular, and all the Europeans I have had in my practice, understand the holistic emphasis of the work and the fact that it is ten sessions, a process. I feel that I am free to work, without the shroud of legal bodies to deal with, and Europeans are not yet in the mind frame of suing someone if all their expectations are not met. There seems less emphasis on getting a checklist done, and more on the whole outcome. In contrast, the Indians and Africans in my practice (fewer by far) often want to stop when any of the pain is gone.

Things are seldom dull here, but not usually this upset. We are all praying that this current politically driven upheaval will pass soon and our lives return to normal. As one of my Spanish clients said, when I was working on the knots in her neck, "This one is Kibaki, this one is Odinga". We laughed, for what else is there for us to do right now?

# A Texan Abroad
## (With Apologies to Sam Clemens)

**By Emily Dolan Gordon, Certified Rolfer™**

The first time my future husband proposed, he said that if I wanted to come with him to Germany, we would have to get married. We married on November 1, 2001, and arrived in Germany less than six months later, for his position at U.S. Army Europe and NATO's premier training facility in Grafenwoehr.

In early 2003, I discovered the European Rolfing Association's® courses. Soon, south of Munich in tiny Agatharied, an airy training facility on a sheep ranch, I made my curious entry into Rolfing®. A meter plus of spring snow, a cigarette-stealing donkey, tasty wild leeks and a delicious dissection marked the three weeks of Spectrum, the European Rolfing Association's introductory Rolfing program.

Now, in early 2008, as our tour in this luxurious land draws to a close, I find myself with memories more interesting than any trinket. I'll attempt to paint vignettes with the help of some diaries I kept. The following is a chronological verbal slide-show.

My first glimpse of Germany was Frankfurt. I suffered intensely from a combination of jet lag and historical readjustment. Remnants of the Roman incursions I studied in high school, the half-timbering my husband Chuck had always pointed out to me, my first meal in Germany (yum!), the differing rhythm of life and the rocking bustle of foot traffic on the Koenigstrasse. I noted deep holes in the lower part of a building. My hands wandered into cavities in concrete -- scoring from the 50-caliber machine guns of the Allies. It was the first of many deep, revelatory shocks, when suddenly things that seemed so far away in books took shape for me.

Am I homesick? Hell yes. Do I love it here? Absolutely. It's the dichotomy of the expatriate, I suppose. The mind creates a nostalgic vision of home, wherever it might be. I've been lucky enough to step out of the pretty picture frame, into the funhouse mirror of the alternate reality of another culture.

Germans love to talk. They love to think, to question, to ponder, to fix, build and tinker. They are passionate, hedonistic, religious (and not pushy about it at all!), cynical and intellectual. They view most government with a gimlet-eyed realism, and endure their own bureaucracy with amazing stoicism. They have survived much, and it shows in a certain determined, prepared, sturdy but not ostentatious persistence.

Chuck has a quote from a German friend of his in the time before the Wall fell, when Chuck was here as a soldier, "Do you know why there is so little crime in Germany?"

"No idea... "

"Because ... [Germans have a unique way of pausing when speaking English] it is against the law!"

I studied Rolfing at the Modular Training in Munich. I'd stroll to the train, bringing a good book and music, order a bottle of Augustiner from the snack cart, and savor the sweet, soft rolling scenery of Bavaria from the comfort of the German train system. Initially, I stayed in the spare rooms of people friendly to Rolfing, and ended up meeting the ambassador to Germany from Brazil, while in my pajamas. Later I stayed in a peculiar, cheap pension with a sink, quiet window in the inner yard, and a narrow bed. I bathed in an antiquated tub, buying scented salts and using duct tape for a stopper. I disliked the travel, I disliked being away from home. I loved the independence and the adventure. I love the interaction in this culture.

This beautiful ammonite was build into the crumbling castle wall of the Veldenstein castle just down the road a ways from us. Our favorite thing to do is hike around the old fortresses and just kind of poke around.

Day 1, phase 3, modul 2:

Wow, this is fast. This is keep up, or give up. I had a moment or two of blurriness, but I got hooked into what the teacher (Peter Schwind) was doing, and what I have been doing was validated. At one point Peter was stumping around with a stick behind his back, and I felt a flash of nostalgia for my martial arts training at the *dojo*, and sharp attention. I was pretty sure I wouldn't get whacked, but you never know.

About fifteen minutes into my work, Peter walked over and put a hand on my arm. "You just work, and if you need help, let me know". Um. Ok. Like I'm gonna leave this guy alone. I want input, I want to improve. That's what I signed up for. I got assistance about that tricky left costal arch, got encouraged to do drum technique and back work.

Peter is tremendously, obsessively precise in his work, and yet he is also gregarious and funny and likes to tell stories. Teaching the class, he flicks through points of interest like a telepath reading a phone book. At the same time, we all want to get things exactly right.

Here's my Texan pizza delivery metaphor for how the instructions we are getting feel:

> *So anyway, here is Houston, and here are ten places all over town you have to deliver pizza. These guys drink Pepsi, this guy loves anchovies and onions, but don't give the guy on 62nd Street anchovies or onions or the Mob will slash all our tires again. Don't worry about the couple on the east side, they shot each other twice last year, just call 911 and leave the pizza on the stoop. Don't go in the yard on Blueberry Street unless the dog is tied up.*

It's just bodywork, you know, but here we have these ten damn things we have to get right and not get the anchovies or onions in the wrong place at the wrong time. Our teacher is like Santa, he gets all ten deliveries right before a small child can peek up the chimney, meanwhile we are trying to remember whether it was beer or Pepsi and is the Mob going to slash our tires and where is that damn dog?

After completing my training, I opened my practice in Eschenbach. I worked with the local business manager to find a space and get my website translated into proper Deutsch. I go in rather casually dressed and sort of slitty-eyed and red-nosed from the remains of a cold, and the guy says, "I forgot, we have to make a picture with the Burgermeister!" So off we toodle to meet the mayor. I survived the nice chat (in German) with the raconteurish Burgermeister, ended up telling tall tales of Texas and drinking a glass of Grappa at 10:45 in the morning. He presented me with a bottle of champagne and many wishes for good luck, and a photo for the local paper. It's nice to be in a town small enough to merit the Mayor's attendance and blessing on my opening, but it was also deliriously bizarre!

Up until this time, I had worked exclusively under contract on the military post, with Americans and with Germans who worked there. In 2002, when we arrived, I was already a massage therapist, so I started what I at first called the Massage Program for Army Morale, Welfare and Recreation on base. Once I had my European Rolfing certification, I felt a certain obligation to serve the German population as well. I had been working to designate the program on the base "Massage and Bodywork"; however, the point will soon be moot. There is no Certified Rolfer to take my place.

My German is slightly better than rudimentary, as I only took a few classes, in addition to simple learning by contact. I can, at this point in time, give simple instructions ("*Kneescheibe hoch*" – "Lift your knee up"), but more advanced visualizations can escape me. When Samuel Clemens (aka, Mark Twain) wrote his essay about "That Awful German Language", he was unfortunately correct. That the people are much friendlier than the language is a saving grace. Germans tend to be more interested than most Americans in the health of their bodies, and, once interested, more committed. They are not modest about their bodies, and they are insanely punctual. In fact, for older Germans punctuality means being present a quarter hour before the appointment. This is how I have sometimes come upon a client, waiting for me in underwear, in my office.

Recently a lovely lady of eighty-five came to my table. Her daughter, now in her mid-sixties, brought her after finishing her own ten sessions. Both are battling structural problems. The mother has a large degree of kyphosis, which is responding well to almost glacial manipulation of the sternal fascia.

It was our second session when I asked a general question of the mother (loudly, as she is quite deaf) about other children besides her daughter. She teared up and shook gently, and her daughter explained that she was a *Kriegskind* born during the war; that women did not want to have children during that time, and thought to wait until after the war. The great majority of men fell in the war (I am deliberately using German-flavored language) and there were no children, after, with no men to father them.

I was deeply touched. I reached deep into my own center, and changed my work to gently place a tissue in the mother's hand ("for your eyes", I said) and held her hand for a little moment before moving my hand to her lumbar spine and supporting her as she gently shook with this old, generational pain. We waited. It doesn't go away, it only subsides. It is a moment, one of many here, which remains deeply engraved on my soul.

It saddens my heart that our time in Germany is most likely at an end. (It's 95% certain that we will be leaving, unless hubby gets a job in another German city. There is a five-year tour limitation for civilians interfering with our staying here.) At the time of this writing, my husband is looking for new government or public affairs work in the U.S. or somewhere else in the world. My Rolfing career will need a new home, and whatever country we land in, I look forward to meeting colleagues and learning more.

# The Relationship of Osteopathy to Rolfing®

**By Jim Asher, Certified Advanced Rolfer™, Rolfing Faculty**

Osteopathy has made a rich contribution to Rolfing structural integration since the early years and is now woven throughout our philosophy and methods. In the late 1930s, when her two sons were in elementary school, Dr. Rolf spent several years reading and discussing osteopathic books, journals and theories with Dr. Morrison, a blind osteopath in her neighborhood. Later, when I was her assistant in 1973-74, she told the class that Dr. Morrison had assisted her in her understanding of fascia.

Dr. Rolf told a story of her early years of manipulation. She was asked to work on a neighborhood boy by his mother, who had problems with balance and coordination. As the boy's body responded to the work, the boy's father, an osteopath, asked if he could watch a session. He was happy and impressed with his son's visible changes and asked if a couple of his osteopathic colleagues could watch a session. Two of them were enthusiastic, but one said, "I don't think you're doing anything." So Ida said to the class "this just pushed me on. It made me more determined than ever. After all, the boy moved and felt better and his parents could see the changes. I wasn't going to let a little bump in the road slow me down. And so I went on with my studies and my work and here I am today."

Dr. Rolf became friends with this boy's father and he invited her to some of the osteopathic classes and meetings he was attending. Ida once joked that she was mistaken for his secretary in several of these classes, a memory that always gave her quite a chuckle, since she had her Ph.D. in Biochemistry.

In the *Bulletin of Structural Integration* (our original publication available to faculty, students and practitioners starting in 1968), there were always articles by osteopaths such as Dr. Isabelle Biddle and Dr. Kenneth Little. Dr. Rolf incorporated the ideas of osteopathy to such an extent that it seemed like an integral part of Rolfing.

In one of my first classes with Dr. Rolf in Florida (1971), she told us that she had taught a class at the Kirksville Osteopathic School in Missouri. After the class she was asked to consider staying on as a teacher. She told us, "But you see, they had classes in lots of approaches to manipulation, and I could see that the approach we were using to organize the human structure through fascia within the field of gravity might get lost or relegated to a little five- or ten-minute 'tool'. Rolfing structural integration is not just about working in one area of the body, but is concerned with the organization of the body through a series of sessions and that creates a greater value; the whole is greater than the sum of the parts."

Dr. Rolf transformed whatever she learned from osteopathy into her own Rolfing style. For example, in head work, she would ask her students to visualize the sutures moving and the cranium breathing. Even though Ida took cranial classes, she didn't feel it was hers to teach. She passed around her copy of *The Cranial Bowl* by William G. Sutherland, D.O. and asked me to give a presentation on it the following week. She would also encourage us to seek out an osteopath when our children were born and find osteopaths to whom we felt comfortable referring clients. It is a common practice for Rolfers to refer clients to osteopaths.

When I assisted Dr. Rolf in her first Boulder class in 1973, she requested that I bring my Beauchene skull (a human skull in which all the bones are separated by wires, so the articulations are clearly visible) and a model of the four ventricles and cranial membranes. In the 7th session, Ida quoted from *The Cranial Bowl* and referred to the 6th and 7th sessions as a balancing of the sacrum and cranium as well a balancing of the cervicals and lumbars (tissue and joint relationships).

In the 1970s I was invited to Ida's apartment in New Jersey to help her with several young clients and to discuss some research projects. Dr. Rolf had a huge book collection set up in stacks, just like a classic college library. Her collection had a large section on osteopathy, as well as homeopathy and nutrition. Unfortunately a large part of her library was destroyed when her apartment nearly burned down.

In Ida's early classes in England and the States there were frequently homeopaths and osteopaths as students who went on to be Certified Rolfers. I was one of the five original teachers trained by Dr. Rolf, and she passed on the job of instructing and selecting future Rolfing instructors to the five of us. When we had meetings, she always made some reference to an osteopathic book or paper. Since that time osteopathy has remained part of the reference material for our faculty at the Rolf Institute® of Structural Integration.

Osteopathic principals are now woven throughout the basic and advanced Rolfing classes. For example, when doing the "pelvic lift", the goal is to slot the sacrum into a neutral position as well as to lengthen and create mobility and motility. It is easier to understand the sacrum as an energetic and fluid medium when you read *Osteopathy in the Cranial Field* by Harold Magoun, D.O. Rolfing students can understand this technique mechanically in a more precise way after reading *Principles of Manual Medicine* by Phillip Greenman, D.O., another osteopathic text.

In the U.S., Rolfing faculty members Jan Sultan and Michael Salveson have sponsored open classes taught by leading osteopaths John Upledger, D.O. and Didier Prat, D.O. In Europe, most Rolfers are exposed to classes with Jean-Pierre Barral, D.O., Didier Prat, D.O., and Konrad Obermeier, D.O., Certified Rolfer.

Most of the faculty members at the Rolf Institute have studied with Jean-Pierre Barral, D.O. and Didier Prat, D.O. both French osteopaths. Their work has influenced how we look at our methods and what we're affecting. For example, when watching Barral doing a "liver lift", my appreciation for the diaphragm releases that we teach at the Rolf Institute® was enhanced and I took on a more combined approach, creating a shift in the diaphragm

as well as the viscera.

Our work with the thoracic inlet, typically part of the 1st, 3rd, 5th and 9th hours of the original Ten Series, has been greatly enhanced by the osteopathic view of working fascially, energetically and manually with this area of the body. Working at this level of sensitivity is something we still strive for in training our students.

We as Certified Rolfers hold osteopathy and osteopaths in high esteem, and acknowledge their contribution to our work, but we are not osteopaths. Rolfing® structural integration is a distinct field of practice incorporating similar principles, goals and values to the benefit of our clients.

# The Rolf Method of Postural Release and Integration

*Editor's Note: Jocelyn Proby (b. 1900) was educated at Oxford and studied osteopathy at Kirksville College of Osteopathy and Surgery in the U.S. He came into contact with Dr. Rolf and became a "Rolf fan" upon being exposed to her work, as he stated in "An Osteopath Looks at the Rolf Method". [That articles, first published in the Vol. III No. I of the* Bulletin of Structural Integration *(the earliest incarnation of this journal) is available on Robert Schleip's website at the following address: http://www.somatics.de/Proby.htm.] The following article, "The Rolf Method of Postural Release and Integration", was originally printed in the 1962 issue of* Year Book of the Osteopathic Institute of Applied Technique. *As it was written for an osteopathic audience, it allows us a unique view into how one osteopath viewed Dr. Rolf's work. We precede this reprint with an introduction to Jocelyn Proby, D.O. by Tom Myers, Certified Advanced Rolfer™.*

**JOCELYN PROBY, D.O.**

*Jocelyn Proby was a man of letters who was, by his own description, "bitten by the Osteopathic bug" while in Canada early in his life. He dedicated his life to its practice, to exploring its edges and ramifications, and to explaining its principles both within and beyond the profession. Dr Proby studied with Dr. Rolf during the 1950s when she gave classes in England, in conjunction with her yearly visits to J. G. Bennett's Coombe Springs Institute, which was dedicated to study of the Gurdjieff work.*

*Dr. Proby contacted me shortly after I took up residence as England's first resident Rolfer – aside, of course, from these osteopaths such as Dr. Proby, Bette Herbert, and Margot Gore, who had studied with Ida Rolf and had added her work, in a variety of ways, to their osteopathic practice. Osteopathy was and is a very lively manipulative science in the U.K., having been held out of the mainstream far longer than in the U.S. With the zeal of a new convert, I spread my name all over town, netting a fascinating practice and a call from Dr. Proby, saying how glad he was that a proponent of Ida Rolf's methods had shown up in England.*

*He suggested we meet at his club, the Traveler's Club in Pall Mall, and in its smoky hardwood interior I found an old man in gentle tweeds, very erect until you reached his tall man's stoop, soft but firm of voice and hand, with a Conan Doyle combination of seriousness and twinkle. We sat side-by-side in voluminous leather chairs while he stared straight ahead and reminded himself of the stories of Ida Rolf's tempestuous classes. In those days the class was one five-week stint, which mostly consisted of watching Dr. Rolf work and lecture, while you worked on models at home. At the end of the class, you brought your model in, and Dr. Rolf roundly and loudly declared what you had missed.*

*When I began to give short courses in soft-tissue release for the osteopathic profession, Dr. Proby was a great supporter, kindly informing his colleagues of my efforts, and taking the train himself into London from his home near Oxford, participating fully in practice even though he was by then in his eighties, and always with an extra sparkle of gallantry for the ladies.*

*His attitude of exploration, openness, light-hearted seriousness, and enthusiastic calm ("Let us give that some attention..." he would say), have inspired me through the years of my own practice, and I am sure many others as well. We lost touch as I left the U.K. and he became more confined to his home.*

*I am told that this article, originally written to help explain Rolfing® to the osteopathic profession, was "suppressed' by Dr. Rolf for its mild criticism of certain aspects of Rolfing. When I met Dr. Proby, his only words of criticism were, "In the course of obtaining her marvelous results, she gave her clients more pain than we felt they had any right to expect." By the time I met Dr. Rolf, her work was substantially less painful, and of course the innovations of the last twenty years have made it even less so. I trust that our newer readers will take Dr. Proby's gentle chiding in the friendly and truth-seeking spirit in which it was most assuredly offered.*

Tom Myers (www.AnatomyTrains.com)

### *THE ROLF METHOD OF POSTURAL RELEASE AND INTEGRATION*

*...and the crooked shall be made straight and the rough places plain.*

Isaiah XL 4

I have been asked, both by the Editor and by Doctor Ida Rolf herself, to write an article for the Year Book on the subject of the Rolf Method of Postural Release and Integration. Though I am glad to make the attempt, I do so with a certain diffidence both on account of the difficulty of the task and because I feel that my acquaintance with the subject, both in theory and in practice is still very much in its infancy. I would also like to say at the beginning that it is almost impossible for anyone to appreciate what the Method is, what it seeks to achieve, and what it does achieve, unless he sees it in action and, further, actually experiences its effects on his own body.

The first thing to note in connection with the Rolf Method is that it is very firmly based on physiology rather than on pathology. The aim is not so much to treat or cure any particular disease as to create or promote health. This is, of course, an idea which is not new, especially for us Osteopaths but it is easy to honour it more in theory than in practice. Dr. Rolf does seem to have evolved a system of physical treatment which is capable in a very remarkable way, and in a very short time, of so changing the condition of the body and increasing its vitality and power of efficient functioning that poor health and specific symptoms and diseases disappear and, within reasonable limits, do not recur. This result is achieved by putting the patient through a definite course of treatment, the sequence and pattern of which is the same for everyone, although the application of it in detail is necessarily conditioned by the findings and the state of the tissues in each particular case.

The concept of structural, mechanical and postural perfection as being the very basis of good health and proper functioning not only of the body but also to a great extent of the mind, the emotions and the whole personality is familiar to all Osteopaths and does not need to be stressed here. Moreover, it is a concept which is beginning to make an impact in other than Osteopathic circles, as is evidenced by the development and popularity of numerous techniques of postural reeducation, relaxation and psychosomatics. Dr. Rolf is very much a believer in this idea and an exponent of it, but, in my view, she is something more than this, because she has given it a new interpretation and has carried it forward by evolving a most remarkable and effective technique. Thus, though both her theory and her technique have much in common with those of Osteopathy, and especially, perhaps, of the Osteopathy of Dr. Littlejohn and some of the other pioneers, we have here also something which is new both in theory and technique, as well as differences in emphasis and approach. I must, therefore, try to give some indication of her ideas and method of treatment in so far as I understand them at present.

It has frequently been pointed out, as is indeed obvious, that the life of man is to some extent a struggle against the law of gravity, for, unlike most other creatures, he has to live and move and function in the erect posture. Yet, in spite of this, the erect posture is natural to him and he can maintain it and function in it without strain or disease provided that his structure and mechanics are kept in a proper state to do so. It is only if structure and mechanics go wrong that irritations are set up, energy wasted and the functioning of vital organs interfered with. The secret of good, unstrained and relaxed posture, which must be looked upon as a dynamic rather than a static thing, is a proper relationship of the body and all its parts to the ground and a proper relationship of the gross structural parts of the body, namely head, thorax, pelvis and limbs, to one another. Where posture is good and mechanics are sound, the body, when erect, will conform to a plumb-line of balance which passes from the ear to the shoulder, on to the head of the femur and thence through the middle of the knee to the external malleolus; and when movements of any kind are taking place, the freedom of joints and the proper balance and flexibility of muscles allow of them being harmonious, economical of energy and free from strain. Unfortunately this kind of perfection is all too rare in our society; trauma, emotional stress, bad habits, and unhealthy living of many kinds, specialized uses of the body and congenital or hereditary weaknesses are some of the factors which militate against our acquiring or maintaining good posture and mechanics. It is important to note that once the perfection of posture and mechanics has begun to be impaired, there is a strong tendency for the evil effects to be cumulative. Not only will there be a lot more liability to strain in living and in using the body, but the body itself will build up new strains and imbalance to compensate for those already in existence in its efforts to keep functioning and to retain the erect posture as well as it can. A reasonable balance and compensation may be established for a time on a lower plane of well being and efficiency, but this will tend in due course to break down and the way will be opened to physiological chaos, chronic and organic disease, and premature death.

If we accept this way of looking at things, the great object of treatment should be to find some way of reversing this trend. According to Dr. Rolf, the secret of the breakdown of posture and mechanics is to be found mainly in the fasciae and muscles of the body. In a sound body these are elastic and slide smoothly over one another and the tone of opposing muscle groups is balanced, but when the breakdown begins or has taken place, some muscles become hypertonic and contracted while others become hypotonic and stretched, the usual general tendency being for flexors to win over extensors. Sooner or later a definite deterioration takes place both in fasciae and muscles, which lose their elasticity and literally bunch and stick together. This condition, which corresponds in any given case to the particular pattern of bad posture and mechanics which is present, can be felt with the hands.

The technique which is employed by Dr. Rolf follows logically from her theory and from the clinical picture which she has learnt to recognize. By manual work on fasciae and muscles, particularly at their insertions, she stretches them, separates them and moves them in the appropriate manner and directions, and, in an astonishingly short time, restore their function, balance and flexibility. As this is done it is literally true to say that the gross shape of the body changes and can be seen to change in a way which anyone can observe. The general scheme of the series of ten treatments or processings which is commonly given and which is generally sufficient to put the person onto a new, satisfactory, and permanent plan of correct posture and functioning, is to work from the outside inwards or from the superficial to the deeper structures, and to go over every part of the body integrating it with the other parts in a definite sequence, which experience has proved to be the most satisfactory. Dr. Rolf seldom, if ever,

manipulates joints as such in the direct and forceful way, which is generally employed in Osteopathy, though she does do a lot of direct work on ligaments and paravertebral tissues. If I understand it rightly, this is not because she does not realize the importance of the reflex and other effects of spinal lesions, but rather because she is interested more in the positioning of areas of the spine and the gross parts of the body than she is in individual spinal joints and because she regards it as useless or inadvisable to mobilize joints until fascia and muscles have been successfully normalized and balanced. When this has been done, the joints do in fact begin to normalize themselves spontaneously and the more chronic manifestations of Osteopathic joint pathology, both local and peripheral, tend to disappear, though the time which this takes naturally varies in different cases. The ideal seems to be to spread the series of treatments over a period of four to six weeks but it is possible to lengthen or shorten this period and to vary the intervals between treatments.

As I have indicated above, it is not possible to appreciate or evaluate the Rolf Method unless one has seen it in action and experienced it, but a number of us who have watched Dr. Rolf work on a variety of different people and have ourselves gone through her course of treatment can testify to the extraordinary changes which she brings about, the good results of which appear to be permanent and, indeed, progressive. Some of us feel that we shall not be content until we have pursued the matter further by taking a regular course of instruction in her theory and technique. I myself, at least, consider that, until I have done this and had some practical experience in the application of the method, I am not in a position entirely to understand or to criticize it or to see exactly what relationship it bears to conventional Osteopathy as now generally practised and taught. There are, however, certain tentative observations, which I would like to make. First, it must be admitted that some phases of the treatment are definitely painful, though I myself did not find that the pain involved was intolerable or aroused in me any feeling of non co-operation or resentment in any case. I can now say, like the lady in somewhat different circumstances in the biblical parable, that I "remember no more the anguish for joy." However, I believe that Dr. Rolf is always seeking for ways in which the pain could be lessened without failing to achieve what has to be achieved. It must also be remembered, by all who give physical treatment, that tenderness of tissues is generally an indication of something wrong with those tissues, and it is often not possible to put things right without the infliction of some pain. As against this it is also true that the more skilful our technique is, the less painful it is apt to be. Pain is one of our most valuable clinical guides, which is one of the reasons why work with anaesthetics is not always very satisfactory, but the infliction of pain in treatment should be avoided as much as is consistent with doing what has to be done, and one of the things which we should seek in improving our technique or our application of it is to reduce the pain of it.

Secondly, I believe that we Osteopaths have some very important lessons to learn from Dr. Rolf in the realms of theory and technique. There is enough of the old Adam in me still to feel that there are many occasions when it is extremely important to move or adjust a particular spinal or other joint in a particular way with the application of considerable force. This is, perhaps, particularly true of acute cases of fairly recent traumatic origin or when we wish to achieve a particular reflex effect, but I do feel that modern Osteopaths often concentrate too much on particular spinal lesions and on the spine in general, and tend to forgot the importance of the fascia and larger muscles, of the grosser structures of the taut body and of its mechanics and posture as a whole. I do not think that this was always the case in the past. Some of the early Osteopaths do seem to have paid a lot of attention to fasciae, muscles and ligaments, and also to posture and spinal mechanics, and they used a type of technique which took account of these things and which and often produced more permanent and far-reaching results, though it was not, perhaps, so spectacular at the time. They seem to have regarded the freedom and adjustment of joints as the final end to be achieved and the sign that the necessary work had been done, rather than as the principal or only thing to be worked for. In particular it may be mentioned that the writings and lectures of Dr. Littlejohn are a mine of information on these subjects, but unfortunately these are mostly being kept in cupboards and not studied, if, indeed, they are not actually being lost. There are, of course, still Osteopaths who are working on these lines and they get outstanding results in the more chronic and difficult kind of cases, but I hear that many others are content to give temporary relief or amelioration in cases which are really amenable to general reconstruction and permanent cure. Even those Osteopaths who do achieve these far-reaching and permanent results appear to me to take far longer to do so than Dr. Rolf habitually takes by her method. Her work would appear to me to be based on a very profound knowledge of the anatomy of muscles and fasciae applied in a very practical way. She is wont to liken the human frame to a series of blocks imposed on one another and the muscles and fasciae to guy ropes, which provide both motion and support. When the stacking goes wrong, this is caused, or at least accompanied, by the guy ropes being wrong, and even if you adjust or move individual vertebrae or groups you will not get a complete or permanent repositioning which is free from strain unless you free, normalise and balance the guy ropes. This seems to me to be a fruitful concept which is worthy of being thought about and applied. The practical application of it would appear to be the main object of the Rolf technique.

# The Living Principles of Osteopathy

**By Olixn Adams, Certified Advanced Rolfer™, OMSIV, Candidate for the degree of Doctor of Osteopathy**

In the late 1800s Andrew Taylor Still M.D. presented a unique and visionary form of medicine known today as Osteopathy. It is easy to underestimate the tremendous gift and insight Dr. Still brought to humanity. His gift was the result of profound suffering and grieving, having lost several children in succession to the likes of cholera and smallpox. For a physician to watch helplessly as his children died must have created unimaginable suffering, and disenchantment with medicine as it was practiced at the time.

*I love my patients, I see God in their faces and their form.*

A.T. Still, M.D.

Dr. Still was a deeply spiritual man – what arose through his grief, his suffering and a long period of deep contemplation is the art and science of osteopathic medicine. To truly appreciate the immensity of what osteopathy has to offer, it is important to realize that osteopathy was originally created and intended to give the physician the skills and tools necessary to meet the wide range of illness, pathology, suffering and human circumstance encountered in a general-practice setting, including surgery and obstetrics. To consider osteopathy to only be neuromuscular medicine is severely limiting; such perceptual boundaries will never allow us to experience the unimaginable beauty Dr. Still wanted his students and his patients to see and feel.

*In Osteopathy our hands are our primary tools for diagnosis and treatment.*

anonymous

One of the most basic principles of osteopathy is the use of the physician's hands for diagnosis and treatment. Well-trained osteopaths may spend most of their professional lives cultivating and nurturing perceptual and palpatory skills. At the most basic level, an osteopath is trained to feel physiology: first normal physiology, then as it presents in pathology; he is taught to discern sympathetic tone, barrier and non-barrier in tissue and fluid. The perceptual and palpatory skills of a well-trained osteopath defy reason and logic: blood sugars, electrolyte imbalances, psychological disorders, and many other nuances in the patient and the natural world can all potentially be felt both diagnostically and therapeutically by an osteopathic physician.

*Seek health; anyone can find disease.*

A.T. Still, M.D.

What was Dr. Still referring to when he encouraged his students to find the *health*? Was he speaking in metaphor? Osteopathy is based upon perceptual experience through our senses and our hands. We know through the oral teachings and the writings that when an osteopath puts a name to a phenomenon, he has felt it in his hands and his senses on repeated occasions, he has cultivated a relationship and the name has been given to him. This is consistent through out the writings of Dr. Sutherland and Dr. Still. We must therefore assume that Dr. Still had a perceptual experience and relationship with something he came to call health, that he was not speaking of theory or in metaphor. He was pointing us towards a direct perceptual experience with something much greater than our ordinary perceptions. He was pointing us towards one of the highest and essential principles of osteopathy.

*Health is the blueprint breathed into it by the Breath of Life; it is perfect.*

James S. Jealous, D.O.

*Health is the reference point for the healing process, our home base.*

James S. Jealous, D.O.

I have said that one of the most basic principles to osteopathy is the use of one's hands to diagnose and treat. There is something even more basic that should be understood, embraced and lived in order to truly understand osteopathy. In order to follow Dr. Still and realize his vision and his gift to humanity, the osteopath must come to realize that osteopathy is first and foremost a service to humanity. To be an osteopath is to be of service. Service to another asks us to move outside of our own ideas about what our patient or our neighbor needs from us. We are asked to move into a larger fulcrum and into a midline that includes our community. From this place, our observer is free to be shifted from its self-limited view to a view that begins to approach something much greater and wiser than our own ideas. From this new place we can actually begin the long journey of learning how to be of service, and how to practice osteopathy.

We may find that what is asked of us when we come to a place of true service and a broader perspective is not so alluring. Human nature is such that we often like the idea of service so long as it gratifies the ego in some manner; however, true service will often require or even impose great humility.

I think if we are really honest with ourselves and look deeply, most of us could admit that we don't truly understand what it means to be of service. Through no fault of our own, we are truly limited in our capacity to respond in the moment to another person's need in such a way as to move him towards wholeness, while creating no perceptual tension in ourselves or the other. To help another move towards wholeness without creating perceptual tension would be a great service, a service that I imagine any one of us would be grateful to receive, and truly blessed to be able to offer.

The realization that our capacity to serve may not be fully developed should support us to take stock of our ability to understand osteopathy. Our capacity to understand Dr. Still, Dr. Sutherland, Dr. Becker, Dr. Jealous and Biodynamics is truly limited. If it is true that osteopathy at a basic level is about service to our fellow man, and yet we don't fully understand what it means to be of service, then our capacity to truly understand osteopathy and Dr. Still is limited.

*You can't just schedule surrender*
James S. Jealous, D.O.

The ability to serve in a way that is dictated by the moment and through the health of the patient comes not through our own will and idea of what is right, but through the practice of surrender. When my own will yields for a moment, there is the possibility of seeing and being moved by the health in my patient, and for a brief moment I may be of service. The difficulty here is I cannot simply decide to surrender. Deciding is an act of will – an act that prevents true relinquishment. Allowing this simple truth to sink deeply into our consciousness may be a first step towards our goal. This of course presumes a common goal of reaching a deeper understanding of osteopathy through a commitment to service to our patients and our neighbors. This also presumes that one wishes to have a deeper relationship with health and primary respiration.

*In Osteopathy the little things are the big things.*
William Sutherland, D.O.

Dr. Sutherland encouraged his students to be humble and to look for the little things in osteopathy, for the little things often prove to be the big things when it comes to our patients' well-being. Interestingly, it is the little things that will teach us humility, surrender, service and – ultimately – osteopathy. If we truly desire to learn how to serve through the spirit of osteopathy, we will be given the lessons by looking for the smallest opportunities to be of service. We will be given little opportunities to help another often at very unexpected and inconvenient moments.

These little opportunities are available to everyone, every day. They are expressions of the health and they give us a tremendous opportunity. The smaller and more vexing the task, the greater is the potential to shift us towards a perceptual experience with our own health. By taking advantage of these opportunities and serving another with joy, our observer begins to be shifted. We are shifted by the health towards the health; we begin to surrender without effort to a deeper wisdom, and love. Our orientation begins to include a different kind of midline, and our perceptual fulcrum deepens well beyond the mid tide or the Long Tide. All of this occurs without the use of our own willpower. All that has been asked of us is to watch for the opportunities in the little places.

These opportunities to serve in a small but significant way have a particular quality to them. Making a study of the qualities inherent to these moments will help us to orientate our senses to an elusive osteopathic principle known as "the Health", which is an indwelling natural part of us all. I really don't think we can learn to see, sense and respond to the health in our patients by reading books or taking a series of weekend workshops in cranial sacral therapy. What is required is a reorientation of our senses; the difficulty is that the very effort of reorienting on our own part seems to further blind us. We must be reoriented by that which we hope to see. We must be moved by the health towards the health.

One of the greatest lessons osteopathy has to offer us is the nature of service. Osteopathy was conceived out of a deep desire to serve humanity. It is only natural that an orientation to service will facilitate the practice and understanding of osteopathic medicine: its many nuances, insights and gifts will all be better understood if we understand in ourselves what it means to be of service.

I offer this with deep gratitude and the hope that this little writing will inspire you to take joy in helping and serving your patients, clients and neighbors. I hope that through little moments of service, and by noticing the qualities of these moments, you will gain greater insight into what osteopathy has to offer us – a greater connection with our own health.

*Olixn Adams is a Certified Advanced Rolfer™ and candidate for the degree of Doctor of Osteopathic Medicine. He will begin residency in June specializing in family medicine and high-risk obstetrics. He hopes to eventually open a full-spectrum family medicine clinic with an emphasis on integrative medicine and hands-on osteopathic medicine. Throughout medical school he has greatly enjoyed bringing osteopathic medicine to the medically under-served, as well as hospice patients, and oncology and palliative care.*

# Osteopathy in a Rolfer's Practice

## *Pilar Martin in conversation with Per Haaland*

**Per Haaland**: With your background as a nurse/midwife, you are known to some of us in the Rolfing® structural integration world as a practitioner highly skilled in the visceral manipulation work of Jean-Pierre Barral. Tell us a little bit about how broader osteopathic concepts, and the visceral approach in particular, have been integrated into your Rolfing practice.

**Pilar Martin**: In a human body, membranes of connective tissue surround everything, from the individual cell to a group of cells, forming an organ, a muscle, a bone, an artery, etc. This is what gives us shape; without these membranes, a person would be reduced to a pool of fluid. Speaking metaphorically, life shapes itself as a container of "bubbles inside bubbles".

These membranes are continuously gliding, the fluids inside and outside constantly moving, responding to metabolic gradients, currents and flows, and our own mobility in space. Various causes, like infections, adhesions, physical or emotional traumas, repetitive motions, etc, can restrict membranes. When the "bubbles" get glued to each other, they create complicated patterns of transmission of forces; this is what the osteopaths call 'the chain of lesion'.

The concept of a "chain of lesion" is an important one. As an example, let's look at a whiplash accident. Your client arrives after an apparently minor car accident. He/she was stopped at a traffic light when another vehicle, unable to brake in time, hit him/her from behind. Nothing was broken, nothing was bleeding, but your client felt disoriented and bruised. As the days pass, he/she is feeling worse, the symptoms are aggravated; more headaches, more neck pain, more stiffness in the upper thoracic area, etc. Usually anti-inflammatory drugs are prescribed, but the symptoms keep getting worse.

Imagine our "bubble" model and you can guess what is happening. The vector of force coming from the right foot, trying to brake, hits the right kidney, impacting it against the liver. The seat belt, holding the left shoulder, makes the right shoulder turn diagonally against the left lower abdomen. Additionally, the head whips back and forth against the headrest. There you have a typical chain of lesion for a whiplash injury in a driver's position.

A practitioner may try working with this person by releasing the cervical area, the myofascial structures around the shoulders, etc. It is very probable that our client will feel worse. Why? Because by manipulating the myofascial tissues directly, we are taking away the compensatory mechanisms of defense against impacted organs and overstretched pleural attachments, and sometimes micro-tears in the dural membrane. An understanding of the visceral and craniosacral structures and how to work with them is obviously necessary.

**PH**: So in this case, the "chain of lesion" stretches all the way from the head and neck to the right foot, and involves several components along the way, visceral, cranial and musculoskeletal. I understand you to say that we have to be careful not to "chase" the loudest symptoms. Then how do we proceed?

**PM**: We start by "listening" to the organism and identifying the "chain of lesion". In our example with the whiplash, we may need to continue by releasing the interosseous membrane of the right lower leg, restore normal mobility of the impacted organs, and help re-establish good gliding capacities of the internal membranes, etc. By continuing our listening, the organism will let us know when we are done, what is next, and what was a compensatory adaptation and doesn't need to be treated. Later, we need to balance the subtle rhythms that osteopathy has taught us about; the motility of the organs, the craniosacral pulse…

**PH**: Give me another example of how the osteopathic concept of a "chain of lesion" can be put to use by a practitioner of structural integration.

**PM**: Imagine a person with an infected appendix that needs an emergency surgery.

The surgeon is focused on saving the patient's life, and may not have time to suture membrane by membrane. The tissues are infected, so infiltrated with pus that, as the area heals, the colon forms adhesions and becomes restricted in its movement with the peritoneum. As a result, the peritoneum now glides poorly with the lower right abdominal wall. The pulling forces travel through the peritoneum, to the diaphragm, and, via the pericardium, to the front of the thoracic inlet. You now have a client that comes to you with neck and shoulder pain, and limited range of motion of the right shoulder.

The organs in the abdominal cavity are constantly in motion. They are being moved by the breath; by the peristaltic movement; by the flow of blood. Just imagine: the liver filters a liter and a half of blood per minute and the diaphragm moves two inches each breath. The organs are moving with us, as we walk, run, turn or do headstands. Any significant restriction in the visceral space will have enormous repercussions in the musculoskeletal system.

**PH**: You had a career as a nurse/midwife. What led you to become a Certified Rolfer™?

**PM**: I became a nurse and a midwife in my early twenties and quickly became disenchanted by the allopathic approach to health. We were taught that the origin of most illness is idiopathic, that means "of unknown origin". I realized that our medical establishment is mainly interested in the treatment of the symptoms, not in the cause of imbalance. Midwifery offered me a close view of the origins of life.

Still, in institutionalized medicine, the routines of everyday life are very much oriented toward the politics of the administration, the protocols, and the hierarchical relationships. I felt that too much of my energy went into those demands, rather than into what was important to me: life, death, healing…and our relationship to these phenomena. There I was, in my late twenties. I could imagine myself becoming a bitter old lady fighting the system, or I could choose to

do something else. I didn't know what that something else was.

It came through a friend, an architect, tall and thin. He was always saying that his lumbar problems were gravitational issues, due to his head leaning forward, etc. Of course nobody around understood what he was talking about. We went together to see the orthopedic doctor at the hospital where I worked. I remember the words of the doctor very clearly: "We have to wait until you get worse before we can help you". Somehow that sentence was the last straw.

Afterwards, I went to the bookstore, looking for alternative literature on back pain, and saw the logo for Rolfing on the jacket of Peter Schwind's book, *Alles im Lot*. The logo was telling me what my friend was talking about, gravity and its relationship to the human body.

My friend realized that he needed to experience this method, so we went to Barcelona, to the only Certified Rolfer in Spain at that time. I was present during the first session. When the Rolfer was working on his chest, my friend started to cry. I inquired into the reason for his crying, was it painful? He said no. The Rolfer responded: "These are the emotions inside the body, the chest holds all these emotions from the past". Emotions? I asked myself, what does he mean? There's just tissues, lungs, heart etc, what emotions?

This experience opened a window for me; another way of relating to the body. I got so curious. I knew Rolfing was something I wanted to learn.

**PH**: Who have been your most important teachers? Can you tell us a little bit how each of them has inspired you and how they have contributed to your understanding of your work?

**PM**: My first Rolfing teacher was Peter Melchior. I was so fascinated by him and by how he was in the world. I will never forget the first image from the slideshow he presented on the first day of class. It was the one of the Buddha saying, "Do not believe in anything merely because it is said, nor in the mere authority of our teachers and masters, believe when the writing, doctrine, or saying is corroborated by reason and consciousness". It is on the first page of Ida Rolf's book *Rolfing: The Integration of Human Structures*. That was such a completely different paradigm of what education could be; I knew that these people were moving from a place where I wanted to be and that these people were my tribe.

Peter Schwind was my next big inspiration. I had just finished my basic training. I had reservations about the necessity of a "recipe" and about the emphasis on the musculoskeletal system. Somehow, the idea of pushing tissues around didn't resonate with me. When I met Peter, with his personal approach to Rolfing and his analogies with music composition, I was fascinated. I joined a study group that he led. It was Peter who encouraged us to learn from the French osteopath Jean-Pierre Barral. And I'm still learning from Barral, this is now sixteen years later.

Jean-Pierre Barral and later Didier Prat, another French osteopath, gave me a new perspective on the internal organs, which I knew so well as a nurse and midwife. They showed me how the organs relate to and influence the musculoskeletal system. They introduced me to the visceral and the craniosacral space, and helped shape my understanding of my role as a Rolfer. Through their work I learned to listen to the client as he/she expresses himself in this unique moment.

In the past six years, Hubert Godard, Certified Advanced Rolfer and movement analyst, has been a great inspiration. With him, I have learned to "see" the action of human movement and to appreciate movement quality and coordination. Furthermore, he has taught me about the enormous significance of perception and the perceptual field. I have gained a new understanding of the relationship between the inner landscape of the body and the greater environment in which it exists: the relationship to Earth, to gravity and to Space. This has broadened my spectrum of possibilities as a Certified Rolfer, my ability to guide others. There are so many wonderful teachers that have inspired me, too many to name.

**PH**: You mentioned Peter Schwind. I remember studying with him in the mid 90s, being so fascinated by the notion of organs and their fascial membranes influencing structure. To me, up to that point, Rolfing was all about affecting the muskuloskeletal system directly by stretching and releasing the myofascial tissue, tendons and ligaments. It was so intriguing, this idea that restrictions and adhesions in the organ's fascial "envelopes" could impede mobility and motility not only in the organ itself, but cause torsions, twists, strain and restriction in musculoskeletal structures far away from the origin of the lesion. Scoliotic patterns, we were taught, are in many cases held primarily in the viscera; any attempt to resolve them solely through direct spinal manipulation might actually worsen the situation. Tell us about your understanding of this.

**PM**: A scoliosis can be seen as a "chain of lesion". Our internal membranes, the "bubbles" inside us, always take up maximum space; in the case of a growing child, if his inner membranes are restricted, they will not allow this being to expand in space freely. The spine is going to rotate and counter-rotate in order to adapt to the restriction, creating a spiral, a scoliosis. A similar phenomenon will occur in an adult.

Not all scoliosis has a visceral component. Some may originate after a trauma on the growing plate of a bone, or an infection inside the spine, or they may be compensation to a perceptual imbalance. Hubert Godard is doing a lot of work around what he names "laterality", where the person has a "blind" or unknown area of his/her field of perception due to trauma or emotional confusion. In this case, it is the imbalance in the perceptual space that starts the scoliotic spiral, then the body follows it.

To treat scoliosis successfully, we need to be able to listen to the client and, like a somatic detective, go looking for the origin of it. Obviously the organs must be considered, as well as the craniosacral system and the locomotor system. We also have to consider the client's perceptual field and their "potential of action".

**PH**: You said earlier that you had reservations about the "recipe" at a very early stage in your Rolfing career. To me, the questioning and re-evaluation of the recipe happened later, four or five years into my Rolfing practice. In an advanced Rolfing training with Instructors Jeff Maitland and Jan Sultan in 1994, we were encouraged to "let go" of the recipe as a formulistic protocol. Our teachers suggested to us that we view it as a pedagogical tool, an inspiration, a kind of language that structural integration practitioners share. The recipe was not meant to be followed slavishly, or even viewed as a sequential order of events. Jeff and Jan proposed certain decision-making strategies and diagnostic tools as an alternative to the

recipe, some of these clearly inspired by osteopathic thinking and practice. Then, in visceral manipulation classes, I was introduced to the osteopathic concept of general and local "listening". When letting go of the recipe, we need to establish alternative decision-making processes that help us navigate through a session, in order to diagnose and make choices about what to treat, and in what order. "Listening" has become an invaluable tool for me, and I know that it is central in your work. Tell us about how you evaluate, how you arrive at a diagnosis, how the concept and practice of "listening" shows up in your work.

**PM**: "Listening" is essential. The first thing I do as I greet my clients is to listen to their words, the intonation of their voices, "listen" to the way they move in space, the way they sit or walk. Later, I "listen" with my hands to their organism, in standing and lying down. I "listen" to the biomechanical forces and how the different membranes are gliding or not, where they are restricted, how these restrictions travel, and where. Again: the "chain of lesion". I arrive at my conclusion of how the different forces are affecting this organism in this particular moment. From that moment on, I follow where my "listening" takes me. It could be inside the abdominal cavity, to an organ, to a bone; it could be a cranial issue, maybe a gait issue.

There is information arriving as we "listen". The organism tells us where it is "stuck", where it is not flowing; at the same time it is informing us of all that is flowing, vital, and healthy. Then we treat, or, better said, the treatment happens. As osteopaths say: "we bring the whole to the part".

**PH**: Would you say that general and local listening to some extent replaces the concept of "recipe" for you?

**PM**: I have come to use the recipe as a bigger frame, a context within which the listening is happening. I don't view it as a map or a sequence of necessary steps.

Are the feet "feeding" the spine? Is there enough support from the ground? What is the relationship of the different centers of gravity in the body with each other? How does this client relate to the space around her/him? These questions create the context in which the general and local listening of the organism happens.

There is a distinctive spatial organization occurring when all the different components of the human body are able to express their freedom of movement. This freedom of movement is expressed not only inside the human body boundaries, it applies to how this being relates to the gravitational field and to the field of perception. This spatial organization is what the recipe is pointing to. We as Certified Rolfers recognize its importance, and name it by its different manifestations, like "the Line", "lateral line", "medial line", "core", etc.

**PH**: What are some of the most important skills insights and inspirations that osteopathy has to offer to the field of structural integration?

**PM**: The founder of osteopathy, Andrew T. Still, stated that, in addition to manual manipulation of the bones and the soft tissues, the fluids could be treated separately from the organs, structures, and spaces that contain them. Blood, lymph, cerebrospinal fluid, and all other fluids in the body are involved in the dynamic movements that allow the potent life force to express its full potential. Based in this understanding, osteopathy has brought us the art of listening, the concept of mobility and motility, sophisticated palpatory skills, and a respect for the organism's inherent ability to heal itself. These are wonderful inspirations to all somatic practitioners.

**PH**: What does the field of structural integration have to offer osteopathy?

**PM**: We can inspire and support osteopathy by opening portals for them on how the organism relates to the gravitational field. Gravity is rarely addressed in the world of osteopathy. This relationship, the relationship between the human organism and the gravitational field, is our inheritance, our uniqueness, and our gift.

Our work is very beautiful, a mystery to explore, never boring, never the same. Let's continue to develop it, with intelligence, respect and sophistication.

*Pilar Martin and Per Haaland are both Certified Advanced Rolfers™.*

# Somatic Explorations

**By Brian T. Shea, D.O.**

I have been doing hands-on structural work for twenty-five years now, first as a Rolfer and currently as an osteopathic physician. This journey would not be complete without acknowledging three people who guided me along the way. The first is my brother Michael Shea, who introduced me to Rolfing®; then, Peter Melchior, who was my mentor par excellence for Rolfing: and finally Keith Swan. D.O., who showed me the power of osteopathic treatments. I thank these three as well as many unnamed others who have been a part of my education.

Like most Rolfing students, I was drawn to Rolfing because of the effects I experienced from the basic Ten Series and the post-ten advanced work. I felt better and moved easier, especially when combined with the Rolfing movement work. After having become a Rolfer, I practiced in Boulder for nine years. It was during this time that several events happened that stimulated my interest in osteopathy.

First were the treatments I received from Dr. Keith Swan, which served as a milestone in my development. About two minutes into the cranial session, it felt like the right side of my head moved away from the left side of my head. There was a core depth twist that rotated 90 degrees extending from the torso into my right leg. A lot of change waiting to happen with such a light touch. I thought, what's that all about?

Second was the experience I had as a Rolfer. I would pause, leaving my hands on a client wondering what my next move was. Then there would suddenly be a systemic, non-autonomic unwinding that would run its course in about one minute. These events had a mind of their own in their reordering of structure. But their sudden appearance out of the blue was a complete mystery. I had no reference point to compare them to.

Finally, there were the osteopathic treatments my eight-day old son received, which lasted approximately twenty minutes. At completion of each treatment, his appearance was very different. He was bigger, longer, and broader. He looked much more balanced and happier. Again, the mystery.

One thing led to another in the late 1980s and I ultimately enrolled in the University of New England College of Osteopathic Medicine in 1990. The weekly osteopathic courses were very basic biomechanical-model techniques. They were used in treating spinal and soft-tissue complaints. Most of it I already had learned from my Rolfing education. Advanced studies included forty-hour cranial courses, which did not differ significantly from the Upledger courses that I took while I was Rolfing.

My learning curve with cranial work took off dramatically with my studies with James Jealous, D.O. and his biodynamic model of cranial work. This started about 2002. At first I took the tenets of this type of treatment approach on faith because, frankly, I couldn't feel most of the things they were talking about and could barely conceptualize it. Active reception, midline, Breath of Life, fluid body, Primary Respiration, ignition, the void, dynamic stillness, etc. However, with treating lots of people, each one of these things showed up in my practice. As it turned out, the metaphors were actually quite descriptive and accurate of the phenomena that they are named for. These things are always present both within our bodies and in the general environment outside of us. It seems to be just a matter of slowing our minds enough to perceive them and their effects on our systems. Biodynamics is sometimes referred to as a right-brained cranial work.

Currently, the biodynamic model is my primary treatment modality. I start and finish each session in this mode. The middle of each session can either be a pure cranial treatment or I can use spinal manipulation, medical acupuncture, myofascial release, etc. I always, however, finish the session with systemic and structural reads from the cranial biodynamic model. That is my bias.

A short note on this type of cranial work. The head, or cranium, is overemphasized in cranial sacral work. Since the phenomena that one is tracking in the system is everywhere in that system, any part of the body can be used as an entry point. As a matter of fact, half of the time most of the significant changes that take place come from the extremities, usually the upper extremities. The second item of note in doing this type of work is relaxing the emphasis on sensing inside the body boundaries from the skin in. There is an awful lot of information that is available for use in the treatment outside the skin boundary layer of the client and in the treatment room itself. If that seems odd, consider the following biodynamic koan, "Feel the thing that passes through your hands and the patient's body and is undiminished." That comes from Elliot Blackman, D.O. and is a description of Primary Respiration and the level of sensitivity that one needs to get to in order for any of this type of work to make sense.

Rolfing and osteopathic work have a lot in common. There is a lot of overlap in the way they affect structure. At the same time, the treatment emphasis is somewhat different so they have a different effect on the muscle-skeletal system. Their effectiveness usually depends on the time a practitioner has been practicing and one's individual sensitivities or talents that have been developed over the years. Also, the particular needs of a client or patient may vary on any given day. A particular modality that works this week may be completely useless the following week.

The human organism is daily saturated with stimulus unless one lives in isolation in a cave. Look around – it's a crazy, almost insane culture, in which we live and work. For most patients the first five to ten minutes of each session is just settling their system down. The sympathetic overload and deregulation exacts an increasing price on all the tissues of the body. And, this is before any considerations are given to injuries, abuse, embryologic and developmental issue, just to name a few. It ***ain't*** easy being human. We are all a work in progress.

One of the interesting overlaps I have noticed between osteopathic treatment

I give and Rolfing® methodology is that many times when I am in the midst of doing an osteopathic session, I notice third-, eighth-, and ninth-hour session themes and ideals show up. This is quite remarkable. I don't have any profound explanation why this is so, other than, I presume, these hours or templates in the structure are important. Thank you, Ida Rolf, for pointing this out to us!

In the biodynamic model that I use daily, I key mostly off of what is called the fluid body. This is a nebulous but distinct bioplasma field that permeates the body. It took me years to feel it with any certainty and even longer to get a sense of how to affect it. Using it has given me the best clinical results I have had of any tool I have used in my twenty-five years of experience. Having said that, it is not a one-size-fits-all solution. Often, the fluid body can be lesioned by trauma and too much intrusion. It locks the structure and nervous system into a stuck place that can't regulate properly. Until released, very little change can be had regardless of the approach. Once restored, all the mother modalities get much more mileage for one's effort.

The perceptual doors that the fluid body allows me to view are startlingly different from the mechanical model I am familiar with. It's like viewing the December 16, 2007 image on the Astronomy Picture of the Day website (http://antwrp.gsfc.nasa.gov/apod/ap071216.html). On that particular day, there was a holographic picture with its two-dimensional color and dots. In viewing the picture, you have to wait and let your visual perception relax and shift. You will see a totally different picture emerge in 3D.

In the case of biodynamics, the landscape is also alive, aware, and responsive. The advanced training for this work is essentially "wait more and do less". The body intelligence is millions of years old. Once you connect with it at this level, it's best to get out of its way and just witness. The various non-autonomic connections that are highlighted are mind-boggling and almost counterintuitive. The endpoint of treatment produces a relaxation response in the various tissues of the body allowing more access towards a more balanced structure. As a quote from William James says, "Our normal waking consciousness is but one type of consciousness, while all about it, parted by the flimsiest of screens, there lie other consciousnesses. We may spend our entire life without knowing of their existence, but apply the requisite stimulus and they are in their fullness. Whatever of their meaning, they prohibit our premature closing or our account of reality."

Requisite stimulus, indeed. The exploration of structural work continues. I have found out some of the answers. However, more questions have arisen as a result. Working with embryologic fields and complexes is one area of study. The discursive mind and psyche and their permeable interaction with structure is another. Essentially, it's a study without end. Time to roll up my sleeves and get to work again.

# An Exploration of the Connection Between Traditional Osteopathy and Rolfing

**By Steven L. Brown, Certified Rolfer™**

I would like to use this article to discuss parallels between the philosophies of traditional osteopathy and Rolfing®, and how in my studies and practice they have influenced and informed each other.

The following well-known statements by Andrew Taylor Still, the creator of osteopathy, show fascia to be the basis of (or one of the most important components in) of osteopathy, giving it a common ground with Rolfing:

> I know of no part of the body that equals the fascia as a hunting ground. I believe that more rich golden thought will appear to the mind's eye as the study of fascia is pursued than any other division of the body. One part is just as great and useful as any other in its place. No part can be dispensed with. But the fascia is the ground in which all causes of death do the destruction of life.
>
> As this philosophy [osteopathy] has chosen the fascia as a foundation on which to stand, we hope the reader will chain his patience for a few minutes on the subject of fascia, and its relation to vitality. It stands before the philosopher as one of, if not the deepest living problems ever brought before the mind of man.

Still had other interesting comments on fascia – its universality in the body, and its relationship to function:

> We write much of the universality of the fascia to impress the reader with the idea that this connecting substance must be free at all parts to receive and discharge all fluids. Thus a knowledge of the universal extent of the fascia is almost imperative, and is one of the greatest aids to the person who seeks the cause of disease.
>
> When you deal with the fascia you deal and do business with the branch offices of the brain, and under the general corporation law, the same as the brain itself, and why not treat it with the same degree of respect?

I naturally wonder what A.T. Still would have thought of the philosophy of Ida P. Rolf, for not only do they both emphasize the importance of fascia, there are other similarities in their thinking. For example, consider these two statements:

> Rolf said, "The human being is an energy pattern. A set of waves, a set of energy fields, which is the basic energy of the universe. Disease comes when the body's energy patterns go astray. Your job as a Rolfer is to understand which pattern gives good function."
>
> Still said, "The Osteopath removes obstruction, lets the life giving current have full play, and the man is restored to good health."

It seems to me that Rolfing and traditional osteopathy share some of the same goals, although their primary objectives may differ. The primary objective of osteopathy seems to be to remove obstructions so that all fluids of the body can move and all channels are open to facilitate homeostasis. It is of prime importance that there should be no restrictions on the movement of blood, the nervous system, lymphatic fluids and fascia. Rolfing also accomplishes many of these primary osteopathic goals, albeit sometimes as a secondary effect or perhaps even unintentionally (as we do not profess to diagnose or treat pathologies, per se).

Rolfing's primary objective is to order the body around a vertical line with the awareness of that body's functionality in the gravity field. As Rolf said, "We are a movement something, not a static something." In differentiating and integrating the fascial system, we certainly are having an effect on blood, the nervous system, lymph (to name a few elements) vis-à-vis the interconnectedness of the fascial system enveloping every blood vessel, every organ, nerves, bones, etc. This quality of fascia being everywhere in the body is why Certified Advanced Rolfer Louis Schultz called it "the endless web."

Due to this, we could speculate that fascial work, both osteopathic and Rolfing, has an effect on all systems of the body. Still went so far as to say "The soul of man with all the streams of pure living water seems to dwell in the fascia of the body." How far does our touch reach? I don't know. I do believe, however, in the importance of informed listening. To me, Rolfing is all about relationships. I'm aware that when, for example, I'm working on the psoas, there is a close relationship to the abdominal aorta, so I wonder how my work might indirectly effect the flow of blood. Or, if I work on the diaphragm, how might that effect respiration? I'm sure there are any number of systems that our work could influence through fascial structures, although this has not been part of the formal Rolfing inquiry.

Still says, "The Osteopath if he reasons at all finds that order and health are inseparable." He goes on to say, "My father was a progressive farmer and was always ready to lay aside an old plow if he could replace it with a better one constructed for his work. All through life I have been ever ready to buy a better plow."

I think Still would have seen Rolf's work in ordering the fascial system, while accounting for movement (on all levels) and the awareness of our relationship in gravity, as "a better plow." Certainly Rolf derived some of her inspiration from osteopathy, a field that considers the role of alignment and gravity. Perhaps part of Rolf's genius was the formulation of the Rolfing Ten Series as a physical reorganization experienced in the gravity field. This was not only revolutionary, but for the recipient an experience that has the potential to be evolutionary. As Rolfing Instructor Jan Sultan said, in Rolfing "we are dealing with the ancestral matrix" – creating potential for human transformation.

Learning more about osteopathy has been a worthy endeavor for me, deepening

my understanding and adding valuable elements to my Rolfing practice. For example, I recently received a treatment from an osteopath, and the majority of what he did after diagnosing various dysfunctions was basically two techniques, Muscle Energy (ME) and Facilitated Positional Release (FPR). Proficiency in those techniques requires (to start with) knowing the action of every muscle and knowing joint mechanics, most importantly spinal mechanics. With that basis, ME and FPR can be applied almost anywhere in the body. After receiving the Ten Series, this particular osteopath, Dr. Chmielewski, invited me to join his practice, because he sees osteopathy and Rolfing as natural partners. Incidentally, he doesn't like the name "osteopathy" because that connotes pathology of the bones. He prefers a term he coined, "Lever-opathy", meaning that he uses the bones as levers to facilitate structural change.

All the while I gather various resources and information, I remember that it is important to be aware that the way in which we have been conditioned to learn is not always applicable to the experience of Rolfing. Rolf would try to break the conditioning of academic abstraction by saying, "The map does not necessarily describe the territory. In Rolfing we are dealing with the experience of the body, not the way you think the body should be." So while I try to learn all that I can, I want to never forget that the experience (of Rolfing) is what matters. Ultimately, it is not a book that teaches us, it is through experience that we learn and grow. In this I relate my experience with Rolfing to my experience being a jazz pianist. I learn all the theory I can when I'm practicing, I learned all my chords and scales, but I'm not thinking about theory when I sit down and play, that's the time to create in the moment.

Recently I had a conversation over lunch with one our most esteemed veteran Rolfers, Rosemary Feitis, who is also an osteopath. As we sat in a New York City diner, I began to tell her of my admiration for osteopathy, and about various methods and techniques that I was beginning to learn. She let me go on and on and finally said, "I've heard you tell me how you love this and that technique, but you haven't said that you love the Ten Series." It was like she dropped a ton of bricks in my lap. At that moment I said to myself, "She's right, and what does that mean?" Sometimes big truths come in small sentences.

Rosemary further brought her point home when she told me that after the six years that it took her to become an osteopath, she reached the conclusion that what works is the Ten Series. She then smiled at me and said, "and that's what I do." Since that moment I have been redoubling my efforts and thought into the question of what is the Ten Series? What is under my hands? And how can I do the best Rolfing possible in the context of the Ten Series?

I also asked Rosemary whom she considered to be a good osteopath in the area. She said she knew a great one and gave me his phone number. I arranged an appointment with Dr. Burruano and proceeded to have not only an amazing treatment, but also one of the most valuable learning experiences I have ever had. His touch was light, but his intention deep. Wherever he put his hands I could "feel" he was seeing deeply into my cells. I perceived this osteopath's vast knowledge and experience to be focused on whatever he was treating at that moment. This informed listening, attention, and intention made all the difference. It made me think, how deeply could I listen with my hands, and what must I know to develop that skill? I think of that session every time I have someone on my table.

I am now beginning to understand in my Rolfing® practice how the structure of the Ten Series provides the vehicle for exploration, creativity, and freedom. This is exactly what I strive for when I play music – freedom through form.

The scope and goals of traditional osteopathy are vast and complex, and I have great admiration for Still's wisdom and consider myself a student of his teachings. Concerning Still and Rolf and many of our teachers, truly we are blessed to be standing on the shoulders of giants! The great jazz musician J.R. Montrose once said to me, "Complexities are nothing but a series of simplicities." When you break it down, the Rolfing Ten Series is simple, yet put all together it is a complex orchestral composition with beauty and wonder.

*Steven L. Brown is a Certified Rolfer™, an advanced practitioner of Somatic Experiencing, and a jazz pianist.*

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# Rolfing® Structural Integration in its Relation to Osteopathy, Especially the Lineage of Visceral Manipulation Developed by Jean-Pierre Barral, D.O.

**By Christoph Sommer, Certified Advanced Rolfer™**

In osteopathy the main aim is to find and release the "primary lesion" within an organism. This primary lesion is determined by the practitioner using a series of diagnostic tools with the aim of getting as specific as possible. Some of these diagnostic methods are: arcing, local listening, general listening and Manual Thermal Diagnosis followed by mobility and motility tests in the local structures. Once the primary lesion is found by the practitioner it will be treated manually to resolve the "chain of lesions" found.

Historically (Still and Sutherland), the osteopathic concept began by observing that:

***Structure has an effect on structure***. A tibio-talar joint in lesion will have an effect on the sacroiliac joint, which will affect the dorsal vertebrae, the atlanto-occipital balance and the cranial sutures.

Then Jean Pierre Barral D.O. and others started to inquire deeper into the following relations:

***Structure has an effect on viscera and vice versa***. A liver in a motion restriction will result in a lesion of the vertebral spine (T8/9) and then have its effect on other structures as described above; and a fixated T8/9 may create a lesion in the liver.

***Viscera have an effect on emotion and vice versa***. Unexpressed anger may "download" into the liver as congestion, leading to a motion restriction of the liver, leading to a fixation of the spine. Or a motion restriction of the liver (i.e., after hepatitis) may lead to a lack of energy and a choleric behavior.

***Peripheral nerves and cranial nerves have an effect on the autonomic nervous system, the organs and structure itself***. Compression of the lumbar plexus may result in tension and lesions in the knee joint, which leads to a motion restriction of the kidney and then affects the other systems.

***Arteries and veins are affected by any tension/lesion in the body***. Therefore any tension or lesion may influence the trophism of all tissues.

This list of structural, physiological and "electrical" relationships, while not complete, nevertheless clearly shows the specificity and distinctions that osteopathy has taken since its beginning. As a system it is relating to the body/soma itself.

Now let me highlight the template that we as structural integrators work from. The main and essential difference is that we take gravity – an external factor – into our consideration. We manipulate soft tissues to integrate a human structure into a greater field, the gravitational field. Dr. Rolf used a "myofascial" terminology to verbalize her/our system. Myofascial freedom and organization allow for better integration into the context of the gravitational field. The original Ten Series was designed to systematically restructure the human body to align better with gravity.

Dr. Rolf, after she disengaged from the osteopathic students in the 1960s, engaged with the *zeitgeist* of the "human potential movement". She lived and taught in the context of the Esalen Institute, the Gestalt therapy founded by Fritz Perls, and searched for an answer to what it takes to help the evolution of individual organisms to be better supported by gravity and to interact more easily and more expressively with the environment. In my understanding, she believed that there is a balance from within the body affecting the world outside, and the world outside reflects into our organism and structure.

In the meantime – almost thirty years after her death – our understanding of the pioneering work she and the osteopaths have done has matured:

Figure 1 illustrates the tonic function concept, where there are four domains of structure that influence each other to regulate tonic function. "Pre-movement" and our gravity organization rule human expression and behavior. In structural integration/Rolfing we choose to enter this system via the Physical Structure, aiming for perceivable results in that area as well as looking for results from our input in the other three structures, which determine the interrelationship with the outside world. All this said, for me the daily practical question when I have clients walking into my office stays the same: How can I interact with another intelligent system in the most efficient way?

First: it is clear that if we interact with the Physical Structure domain (which I do in my practice), we cannot reduce this to its myofascial anatomy alone. In examining the myofascial layers containing the trunk, you see in Figure 2 that the viscera with their supporting connective tissue structures take up more than 80% of the space.

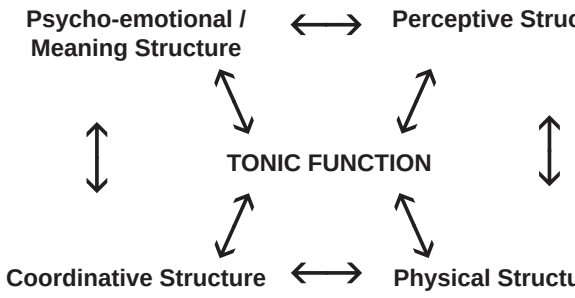


Figure 1: Tonic function showing the interrelationship of different structural domains. From the work of Hubert Godard.

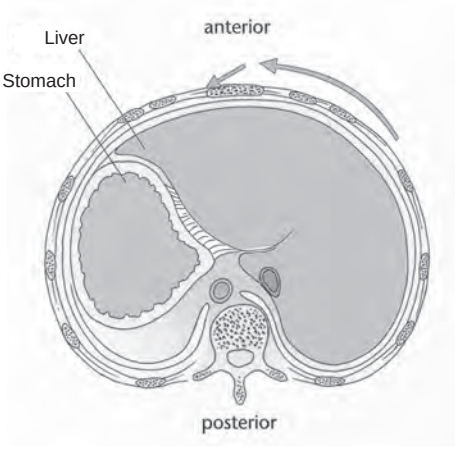


Figure 2: Transverse cut at the level of T10, showing the myofascial frame versus the visceral content. From Peter Schwind's book *Fascial and Membrane Technique* (2006); reprinted with permission from the author and Elsevier Urban & Fischer, Germany.

In our Rolfing "recipe", we spend the 1st, 3rd, 5th and 7th sessions differentiating the myofacial layers surrounding the thoracic content, and if we include the 2nd, 4th and 6th sessions we also differentiate the posterior myofascial components of the spine.

Myofascia, as we know, is made up of collagen, elastin fibers and ground substance, therefore it has elastic and plastic properties. If you take the membranes lining and supporting the thoracic cavity, there are less elastic fibers and the mobility of the layers in relationship to each other is maintained by the serous fluids in between the layers. Any lack of fluidity will have an effect on the resilience of the mobility and also on the musculoskeletal frame.

Second: If we improve our technical manual skills to include the membranous components of the "content", our effectiveness in the Physical Structure will heighten the "interoception" of our client and affect tonic function and the other structures mentioned, possibly leading to a changed "exteroception" that creates better proprioception and therefore changes not only physiological function but also expressive behavior.

Imagine if we improved our concept and skills to include the viscera (and other somatic systems) to do an inclusive Ten Series. Let's say that we keep the first three sessions as a preparation mainly of the myofascial planes.

In the **third hour** we structurally aim to differentiate:

- the thorax from the shoulder girdle and the arm
- the pelvis from the lumbar spine (abdominal cavity)
- the pelvis from femur/ leg itself.
- The pelvis from the 12th rib

Functionally we relate:

- front to back depth
- the shoulder and pelvic girdle in contralateral movement

In this hour we start to enter the "inner lining" of the cavities; the renal fascia and the pleura approximate closely to the 12th rib.

In the **fourth hour** our intervention would include the "*bindegewebslager*" – the connective tissue and fat tissue surrounding and supporting the bladder, uterus/ prostate and the rectum. In addition, we would consider all other abdominal structures that "hang" from the lumbar spine such as the mesenteric roots, Toldt's membrane, and the suspensory ligament of

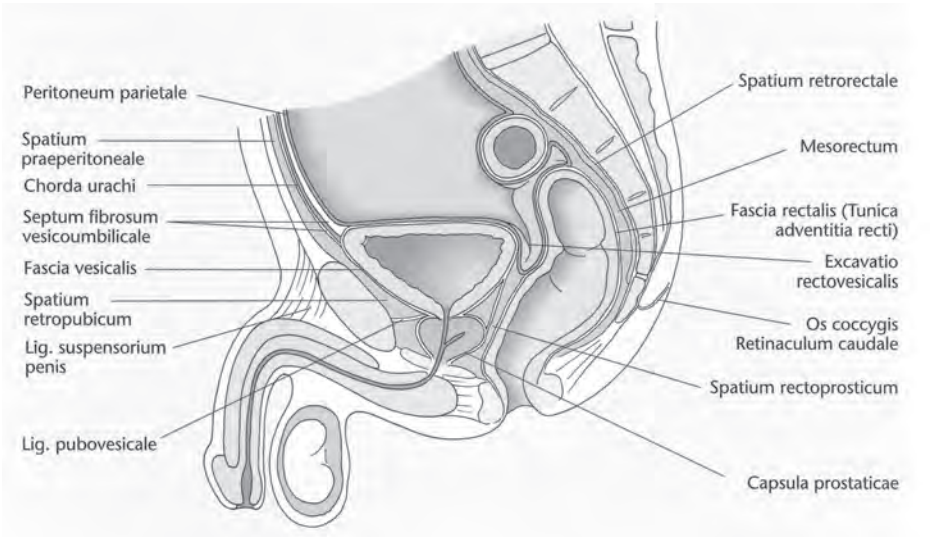


Figure 3: Median cut through male pelvis, showing the content of the pelvis and its relevance for sessions 4 & 5 of the Rolfing Ten Series. From Peter Schwind's book *Fascial and Membrane Technique* (2006); reprinted with permission from the author and Elsevier Urban & Fischer, Germany.

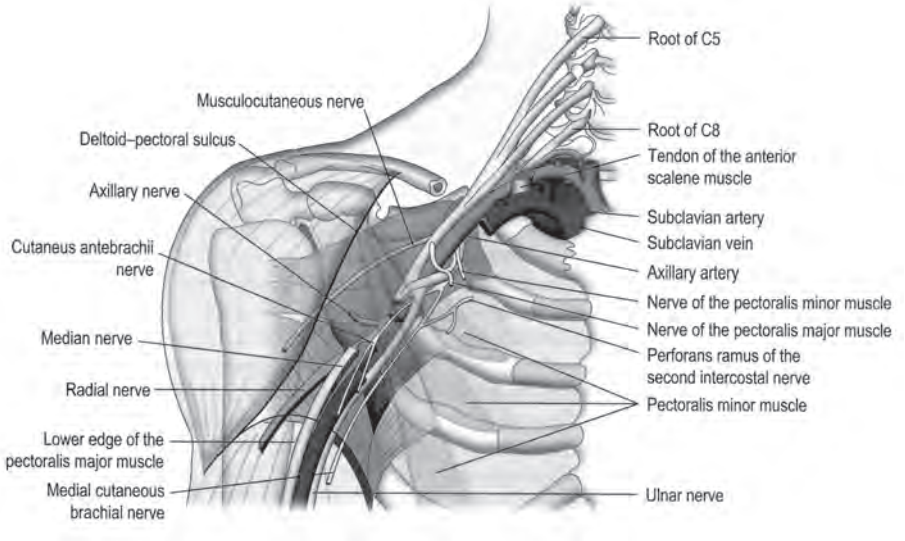


Figure 4: The brachial plexus with the upper limb and connection/influence from limb to neck. From Jean-PierreBarral and Alain Crobier's *Manipulation peripherer Nerven* (2005); reprinted with permission from Elsevier Urban & Fischer, Germany.

the duodenal-juojenal junction (Muscle of Treitz); see Figure 3.

In the **fifth hour**, our interventions could include the pleura and the pleural dome, the mediastinum, and all visceral (peritoneal) attachments of the diaphragm from below: the coronary ligament, left/right triangular hepatic ligaments, the phrenico-gastric ligament, etc.

In the **sixth hour** our additional focus could become the sciatic nerve with the sacral plexus or the median nerve and the brachial plexus (see Figure 4), just to name two options.

The **seventh hour** could include specifically the visceral compartments of the neck, larynx and pharynx, and the tensions inside the cranial cavity as given by the cranial and spinal dura mater.

The above mentioned connections are meant to be a possible outlook into an inclusive recipe, not a checklist to be accomplished in these sessions. The precision we can learn from the osteopathic world can make our work more efficient and lasting.

Relating these "visceral inner bridges" into the "inner shapes" as they relate to the Physical Structure (see Peter Schwind's book *Fascial and Membrane Technique*) is one of the avenues for continued exploration.

To follow the path of changes that show up via tonic function on the levels of meaning, perception and coordination – and by this I mean to enhance the life quality and expressive freedom of each client in gravity – is the advantage we inherited from Dr. Rolf.

Our challenge will be to learn how to maintain the integrity of our own system of structural integration and its values without neglecting developments in the field of manual medicine. To retreat into myofascial orthodoxy is a lazy escape. I image that Dr. Rolf herself would have developed the work. Now it is up to us to continue down that path.

*Christoph Sommer is a Certified Advanced Rolfer™ and a member of the European Rolfing faculty and the Barral Institute faculty.*

# Peripheral Nerve Work – Compare and Contrast

By Don Hazen, D.C., Certified Advanced Rolfer ™

I attended Dr. Jean-Pierre Barral's class on peripheral and cranial nerves in 2005. At that time I'd been Rolfing® twenty-seven years. The discovery that nerves were 1) palpable, 2) manipulable, and 3) the source of many skeletal distortions, made a sudden and profound impact on the way I interacted with tissue. Christoph Sommer has written an excellent review of Jean-Pierre Barral's Manual Therapy for the Peripheral Nerves (see page 42). I want to second his recommendation, as I find the book rich in detail and a thorough presentation of both the physiology and anatomy of the nervous system. There are, however, a few places of confusion which I suspect may be due to translation, and I'd advise having an anatomy text handy as the descriptions will occasionally go beyond his diagrams (even if you think you know your anatomy).

After taking the class with Barral, I began an intensive literature search to find out why what I was finding was happening. This included the medical literature on neurogenic inflammation and some pioneering work by a group of Australian physical therapists. I've made some adaptations that, I think, make the work more applicable to structural integrators, and I've borrowed some techniques from other sources. With this overall affirmation of Barral's work in mind, there are areas of distinction and contrast with my approach that I'll discuss below. These involve goals, assessment, and technique.

## *GOALS*

Barral's goals appear unchanged from the first class I took with him twenty years ago – to make the most precise intervention possible to accomplish the most general change or, as he once put it, to find the least secondary cause. As I began to work with what I'd learned, I found that neural restrictions were often mechanically, as well as neurologically, responsible for postural limitations.

While Barral's work concentrated on lesions and restrictions close to the spine and cranium, I began to explore the other end, the restrictions at the distal end of the extremities. This was a domain I understood and where the effects of nerve lesions offered limitless possibilities for study. For those who follow the footsteps of Dr. Ida Rolf, proper function of the joints of the feet and knees, for example, is essential to stability in the pelvis and spine. Proper functioning of distal joints is directly related to the ability of the nerves that serve them to stretch and to glide within their surrounding tissues.

In contrast, in my approach to the nerves, my immediate goal is less global than Barral's. It is to free the nerves to free the joints to allow the body to move to neutral. The fact that freeing nervous tissue is also a great way to relieve pain is not lost here.

## *ASSESSMENT*

Barral presents a wide range of assessment techniques, probably the most famous of which is "local listening". I use listening techniques in my practice, and talk in my classes in a less technical sense about "listening to the tissue". However, I began to search for ways to more rapidly determine what functions were compromised, and I found that it was often at the distal joints that compensation began.

I borrowed a tool from the Australian physical therapists, who assess glide directly by flexing joints at the ends of a nerve and following the resultant movement of the nerve affected by the joint movement as it passed through the tissue. I was able to pare down their techniques to help me rapidly find where a nerve is limiting joint motion, which is frequently just proximal to the joint in question.

I discovered another assessment tool quite by accident. Researchers refer to "arborization" of nerve tissues – which is the tendency of the nerve to grow longer when it is inflamed or when it has inflamed surrounding tissue. The inflammatory chemicals trigger the release of a substance called "nerve growth factor" (NGF) from local immune cells. Affected nerves not only grow, they can often double in length (at least insofar as I am accurate in my assessments capabilities). Shortly after reading about it, I began to find nerves that had grown into areas where there are no nerve trunks, and in doing so had become rooted, as it were, in their new home. This limits glide and is an important source of pain.

## *TECHNIQUES*

Much of Barral's focus is on the neural "buds" – restrictions close to the spine and at places where the nerves penetrate the fascia. The technique has profound effects both downstream and upstream – in the central nervous system. For my purposes, freeing restrictions close to the spine was sometimes less effective than finding the tethered places at the distal joints. As my work developed, I found I could accomplish more from a structural perspective by first relieving tethered nerves and reducing the inflammatory cycle distally, and later relieving the midline structures as the noise of the peripheral inflammation subsided.

The "inflammatory cycle" I mentioned could be better explained. Prolonged pain causes a response in the spinal cord which triggers the release of inflammatory chemicals in peripheral tissues – and typically within the nerve bundle itself. Inflammation in the enclosed space of the nerve bundle causes nerve cells to fire from the middle of the axon (not from the ends of the fibers as they do normally). If the cells are motor neurons, it causes muscle spasm. If they are nociceptors (pain fibers), the firing (typically) causes increased pain. The pain causes more inflammatory chemicals to be expressed. So a cycle of pain and inflammation is created, which must be interrupted.

## *CONCLUSION*

Nothing in what I've said should be taken as a criticism of Barral's work. (I am critical,

only in certain spots, of his translator.) He has initiated a practice that will have far-reaching effects as we learn more how to therapeutically engage this particular organism we've chosen to study. I've been using this approach for three years. Now my structural work centers around changes in neural tissue. The result, both for myself and for many of my students, has simplified and eased the job of changing structure. In the introductory class I teach I am able to work with newer Rolfers to integrate the neural perspective into the ten-session format.

*Don Hazen was certified as a Rolfer™ in 1978 and received his Doctor of Chiropractic degree in 1994. He teaches a two-level course entitled The Neurology of Posture. More information can be found at his website at: dhazen.com/neuropages/neurology.html.*

# About the Canadian College of Osteopathy

## An Interview with Ron Murray, DOMP, Certified Advanced Rolfer™, and Allan Kaplan, Certified Advanced Rolfer

**By Anne F. Hoff, Certified Advanced Rolfer**

*A small number of Certified Rolfers have enrolled in the Canadian College of Osteopathy (CCO), a five-year program in traditional osteopathy with campuses in Toronto, Vancouver, and Halifax. Here, we interview two graduates of the program to learn more about the school, its curriculum, and its relevance to a Rolfing® practice.*

### *ABOUT THE PROGRAM*

**Anne Hoff**: Let's start with an overview of when you each did your training, and a bit about the program.

**Ron Murray**: I graduated in 2003. The program was five years part-time, and then after the program you have a couple of years or more if you choose to write a thesis. After you write the thesis, you get the full title – in the Province of Quebec they just give the title D.O.; in the other provinces you get the title Doctorate in Osteopathic Manual Practice (D.O.M.P.). When I did the training there was only the Toronto school.

**Allan Kaplan**: I'm a graduate of the program. I finished the coursework in April or May of 2007, and I did mine in Vancouver. When I started out I was in the second class year in Vancouver, but there was enough attrition that they combined the first two years together, so I was actually in the first class to finish, even though I started in the second class. I have not started on my thesis yet, and I'm in flux as to whether I'll go through with it right now, although I've finished all the course work.

**AH**: What's the mission of the school?

**AK**: I'd say the mission of the school is really to teach osteopathy, classical osteopathy, what Philippe Druelle, D.O., who started the school, considers classical osteopathy. It's pretty much based on the French school of osteopathy, There were some Brits who studied with A.T. Still, who was the founder of osteopathy in the early 1900s, and they went back to England and started schools there. Some of the French ended up going to those schools and bringing it back to France, and when the French were originally trained as osteopaths, they would get some training in France, but they would also have to go to Britain and get their degrees from one of the British schools. At least I know that's how some of the French osteopaths I know have done it. Since then I think they've got their own schools set up. Druelle, who is a French osteopath, came over to Montreal, and started his school based on that model. It's different from the American model – which is essentially like M.D. schooling – doing surgery, prescribing drugs – although theoretically from the perspective of being a holistic approach to the body; but not necessarily concentrating on manual therapy. This school has followed the French schools and is pretty much based on manipulation: fascial manipulation, bony manipulation, visceral manipulation and cranial manipulation. So that's the thrust of it, so to speak.

**RM**: No pun intended. [general laughter]

**AH**: Do you want to add to that, Ron?

**RM**: Yeah, osteopathy left the U.S. In 1917 John Martin Littlejohn took it back to England. He trained with A.T. Still; he's the guy known for bringing a lot more physiology to osteopathy, and is the one who detailed incredible amounts of information about what he called the "lines of gravity" – a lot of details about the mechanics of the body and gravity. Those "lines of gravity" are where his followers feel Ida Rolf got her inspiration, or a big chunk of her inspiration. Pretty much all of the osteopathy in Europe spread from him. And now, more recently, it's coming back across the water, to North America. So the school does not train "osteopathic physicians" [like the U.S. schools], it trains European-style osteopaths.

**AH**: You say it's part-time, what's the structure of the program like for the five years, and what type of people attend besides some Certified Rolfers?

**RM**: It's six or seven five-day classes a year. It's based on the traditional European model where students were already physiotherapists, and so this would be a post-grad program, for somebody who already has a physio title. Students include a whole lot of physiotherapists, athletic therapists, massage therapists [a much more rigorous program in Canada – 3000 hours training in British Columbia, for example], some chiropractors, acupuncturists, and then a smattering of other titles.

**AK**: Actually some M.D.s and some American-trained osteopaths have gone through the program.

**AH**: How do the U.S. osteopathic physicians that you've met feel about the Canadian school?

**RM**: [laughter] Most of them don't like it. There are a few that support it, but it's a real political issue, as you've probably seen on the Rolfing Forum, as well as [in this journal]. With osteopathic physicians who do osteopathic-based stuff and also happen to be Rolfers, some of them don't like it. They feel that if we live in the U.S. we should go to osteopathic medical school.

**AH**: Was that an option that either of you considered?

**RM**: I considered it, but I didn't want to spend that amount of time and money for something that I would not be using all that much. So this manual-based program fit in with what I was already doing as a Rolfer, and as a Berry Method practitioner.

**AK**: That's exactly my perspective as well. I didn't have any inclination to be a doctor. I wanted the manual information and that's what I was going to get up in Canada.

**AH**: What's your sense of how the Canadian program compares to the manual therapy

portion of U.S. osteopathic training?

**RM**: That's the only legitimate way to compare them. Canada has way more hours of manual training. I think it's around 1500 hours of manual.

**AK**: I know that in the States, they don't have a requirement to do that much manual therapy. I've met osteopaths who are just doctors; they took maybe one basic osteopathic manipulative therapy (OMT) class, and they haven't touched a body in that way in years. So it's really an elective course to follow.

**RM**: I've got these statistics: there's 65,000 osteopathic physicians in the U.S., give or take a few, and out of those 65,000 there's about 3,000 that do OMT.

**AK**: So that's like 5% that's manipulative therapy. So those that do cranial or visceral manipulation, it's a fraction of that.

**RM**: There are twenty-one osteopathic medical schools in the U.S. right now. I was told they each have between 150 and 350 hours of manual training. So some of them get a fair amount…

**AK**: It depends on the school. I know a lot of Rolfers who have gone to the school up in Maine, and they've found that it's pretty good that way, but then Rosemary Feitis, who went through the program, told me they only mentioned fascia on three separate occasions. I was absolutely mortified, because our program is all based on fascia – we studied fascia, we did techniques for fascia, that was the basis for what they talked about, and when you're doing osseous adjustments, you're looking for resistance in the fascia.

## *ROLFING® AND OSTEOPATHY*

**AH**: So why did each of you choose to do this program?

**RM**: Well, I did because every other word out of Rolfing instructors' mouths was "fascia", when I trained, and then about every second or third paragraph was the word "osteopathy", or "osteopathic", or "osteopathic-based." I didn't really feel I learned fascial anatomy from the Rolfing training, and I kept hearing about this osteopathy stuff. And I noticed that all the teachers would go out and take osteopathic-based courses and then come back and put their interpretation on what they had learned, and pass that information on, or some of it. I decided I needed to go as close to the source as I could. I also had trained in the bonesetter lineage, Loren Berry's work, and that has an old history that is somewhat related to osteopathy, and of course, now we know that Ida Rolf had a heavy influence from American and European osteopaths.

**AK**: As for me, soon after I started my practice [I've been practicing for about twenty years] I just started coming up with questions, and when I couldn't get answers, I took a training. So I did an advanced [Rolfing] training, and a post-advanced [Rolfing] training, and I sat in on more stuff, and eventually I found that I was doing things in my practice and they seemed to work, but I didn't really have any acknowledgement of what I was doing. I had touched on cranial work and visceral work briefly in a class here, a class there, and teachers had talked about it, and one day I decided to go do classes with Didier Prat, D.O. from France, who was teaching a lot of visceral work to Rolfers. I started finding answers to a lot of questions. Rolfing as it was taught by the teachers that I had and in the classes that I had seemed to dwell more on the outer shell, and nothing seemed to address the real core of the person. You could get at it from the outside, but you weren't dealing directly with the core structures, in my mind, and so there was a lot of fascia, a lot of stuff that wasn't getting addressed. Visceral work and cranial work were avenues to really go at those structures directly, or more directly. And so, I started in with visceral work and got very inspired, and then I did some cranial trainings but wasn't really satisfied. Then Ron mentioned to me one day that the CCO had started a program in Vancouver and that was very close for me, so I decided to go for it, to learn more about cranial and visceral. That's really what I cared about, and it turned out to be considerably more than that of course. But that was my motivation, to see what I could learn about addressing the entire person, and not just the outer aspects of the body.

**RM**: I like that, Allan. The way I say it is that "Rolfing taught me great work for what I call the 'meat suit'" – that's the term I use.

**AK**: "Meat Suit!" [chuckles] Yeah, that's great.

**RM**: Osteopaths would say the osteopathic anatomy is cross-sectional anatomy. And so much of the anatomy I had studied had been more the longitudinal structures.

**AK**: Right. I would see cross-sections in books and they would really get my attention, and when I would be doing analysis of a person at the beginning of a session, I would think, "The strains are going to go through the body, and not just around the outside, and I need to know what structures there are through there that are going to be affecting all this." That was definitely something that the [Rolfing] training didn't really have. You've got to hand it to Dr. Rolf, she came up with something really inspirational. Who knows, given the time, whether she would have incorporated these types of things into it or not. Maybe she wanted to keep Rolfing as it is taught, or if she had more time, maybe she would have said, "Ok, now we're doing visceral, we're adding more territories to the map" – or more maps to the territory, depending on how you want to approach Korzybski.

**AH**: You mentioned Littlejohn and his lines of gravity. How that is similar or different to what Ida Rolf put out into the world?

**RM**: It's similar and it's different. We see various forms of that in Hubert Godard's writings and Kevin Frank's and others' – T4 is G prime and G is down by the L3 area. And we see echoes in the physical therapy world, there's a thing called "T4 syndrome". Littlejohn's line of gravity intersect right in front of T4, and also right in front of L3, so there are correlates there, but Littlejohn's stuff was way more complex.

**AH**: Is there a reference where people can read his work?

**RM**: There are articles, but they're not readily available, you've got to search for them.

**AH**: Why don't you tell us a bit about what you know about Ida Rolf's background. I think most people have heard the story about her studying with Amy Cochrane, a U.S. osteopath, but then here's this piece by Jocelyn Proby, which we are publishing in this issue, and he obviously had some connection with Ida Rolf, but I don't think the community in general knows what it is, and who else she may have studied with or been influenced by.

**RM**: Now, John Wernham just died at age 100 last fall. He trained directly with John Martin Littlejohn. Wernham has many books and charts describing what he learned from Littlejohn about gravity

lines, and some of these are available. It is pretty funny, cause Jocelyn Proby was a colleague of Wernham, and Wernham loved Proby – except for Proby promoting Rolfing [laughter]. Mr. Wernham – they lovingly call him Mr. Wernham instead of Dr. Wernham – and now those he trained, teach at the classical osteopathic school in Maidstone, England. They maintain that it's the work that Wernham felt that Ida Rolf – how can I say it gently? – kind of borrowed information from Mr. Wernham and John Martin Littlejohn and watered it down a little bit, to make it simpler. Mr. Wernham felt that Dr. Rolf took a piece of osteopathy but kind of imposed it in a non-physiologic way on the body. So they felt strongly, they loved Proby but they could not get behind Proby's support of the work [Rolfing®]. Now they maintain that Ida Rolf trained with John Wernham around 1950-ish but I'm not positive about the exact dates.

Part of the reason I pursued this path is because so much information comes from osteopathy: Ida Rolf's work, Ida Rolf's movement work, cranial sacral, visceral, muscle energy, strain/counterstrain… It seems like we're all running on A.T. Still's original inspiration. Dr. Rolf even refers to him in the same terms a lot of those early osteopaths used – they called him "The Old Doctor." So I view osteopathy as a much larger body of knowledge. I view Rolfing Structural Integration as a subset of something much larger, and I also believe that Rolfing has its own strengths that are unique, just like all those other systems that are offshoots of osteopathy.

**AK**: Well, Dr. Rolf studied with osteopaths in the States. Ron, you mentioned to me that Fred Mitchell Jr. [founder of Muscle Energy technique] knew her, and she talks a lot about osteopathy. This came up on the Rolfing Forum one time when someone was saying something to the effect of "…oh well, Dr. Rolf never talks about osteopathy," or "osteopathy doesn't really have anything to do with Rolfing…" I pulled out my copy of *Ida Rolf Talks About Rolfing and Physical Reality* and copied down all the mentions of osteopathy, and there were a lot. She really spoke about it quite a bit, not only Amy Cochrane but just in general. I remember when I trained with Peter [Melchior] and Emmett [Hutchins], they would do things that were clearly from osteopathy, and they would talk about it, so it's there, even though people tend to think that Dr. Rolf is teaching her own pure inspiration.

**RM**: I was going through some old issues of the *Journal of the American Osteopathic Association*, and I came across an article that Ida Rolf co-authored with two or three American osteopaths, and it was all on biochemistry and I believe colloids. Obviously there are others who know more, these are some little pieces. I can tell you what Fred Mitchell told me, that she did a special course, I believe it was at the Kansas City osteopathic school. She taught the Ten Series there, and this one doctor started experimenting with having patients hold their breath, to induce more of an acidosis state in the body, and they felt they were able to get quicker changes in fascia by inducing that state than by the traditional way they were taught. But he said it was really tough, having people hold their breath for long periods of time. [laughter]

## *WHAT IT'S LIKE TO STUDY AT CCO*

**AH**: Let's go back to your experience of the CCO program.

**RM**: Going through the program as a Rolfer, I found that the first year was a little tough for me. I had been warned about this, but I still found it hard to put aside what I thought I knew as a Rolfer about bodies and gravity, and look with new eyes about what they were teaching me. I found that real challenging, but eventually I was able to get over myself.

**AH**: Was it a receptive environment to you coming in with your own viewpoint?

**RM**: They don't care about other viewpoints. If students are there to learn, they want them to learn. They're not hostile to other viewpoints, but…

**AH**: It could get in your way.

**RM**: Yeah, it certainly could.

**AK**: I had a hard time suppressing my Rolfing® self; it wasn't that they were adverse to any experience that I had at all, it was just that it was difficult for me to start out fresh and not rely on the techniques that I already knew. I almost wish that I had been a clean slate and started from scratch without my Rolfing background, just so I would have been possibly more open to what they were giving me and I could really devote 100% to that paradigm and that approach. I found myself more gleaning pieces from the program and putting it into what I already had instead of compartmentalizing what I already had and really looking at being an osteopath purely. I'm still kind of dealing with that.

**RM**: Most of the teachers are from Canada. The official numbers are supposed to be one teacher for every twenty-five or thirty students, but the classes in Vancouver tend to be a little smaller. Some of the classes in Toronto were quite large and then they bring in several assistants. It's mostly lecture, demo, practice all day long. Technique after technique, all hands on. There were some courses that were theory only, but mostly it was hands-on. [For each segment] there were usually four days of class and then a fifth day, a clinical day, at the end.

**AK**: The curriculum was quite intensive. I didn't know quite what to expect when I went in. I guess I was thinking "oh yeah, it's going to be a great series of continuing ed workshops, and then at the end I'll have the certificate." I was somewhat mistaken – it was much more intensive than I expected initially. Long days, tons of information, lots of physiology, neurology, mechanics, kinesiology… And you are really learning a very rounded amount of information about the body and how it relates to all the systems and how the systems impact structure. Each course, whether it was on the thoracics, or the lumbars, or gynecology, or the kidneys, or whatever, you would not just learn a bunch of techniques. You learned the physiology of the organs, you learned the neurology of the organs, you learned the mechanics of the bones, you learned the relationships through the body, and then you learned some techniques on how to deal with it: assessment methods, whatever. It was a ton of information. I ended up spending a lot more time with it than I had anticipated.

**RM**: After a student takes a class in the CCO program, they can forever come in and repeat that class for free. That is a nice option as it is such a huge amount of information. I look at the volume of it, and think I really need to go back and retake some classes 'cause there's just so much. Five days was spent just on the kidney. Also, the program gave me access to this much bigger body of knowledge so to speak, it opened doors to other courses that would have been closed to me as a Rolfer. For example, every June in Montreal they have this large osteopathic symposium, they will have a day of lectures and they'll bring in six to

eight very famous osteopaths from all over the world, and they'll give courses, and you pick whose four-day course you're going to take. What's been nice about it is certain American osteopathic physicians that teach manual therapy they will go up there and teach a seminar and I can take that, but that same seminar would be closed to me in the U.S.

**AH**: What about between the different modules of the training? Did you have things you had to do?

**RM**: [chuckling] Well, students are supposed to do a lot of homework – they expect a lot, but they don't assign a lot. People are really expected to know their anatomy and biomechanics and neurology, and if students are weak in those areas, they are expected to bone up.

**AK**: [groaning] The other thing is that for the first three years there were exams – when you came back for the next class, there was a two-hour exam on the previous class, and you needed to perform adequately. And then at the end of the year you did have to do a paper and give a presentation and also take a final exam for the year. At third year you had a cumulative exam for the first three years, both written and practical, and then the fourth year I think it was just a written exam, and the fifth year was a barrage – we're talking a full day here – of written, and also practical exams. If you didn't keep up with what was going on, you might not proceed to the next year, so it was not a given that you were going to move onward.

**RM**: I do want to put a little plug in here for Allan. I was on the jury for his third-year practical exam, and he did the best of all his classmates. The other teacher running it was the most impressed with Allan's skills, but what she was especially impressed with was the way he handled the patient on the table. I think that a lot of those skills came from his background as a Certified Advanced Rolfer™.

**AK**: Yeah, I think that we deal with people all the time, and the level at which we deal with them was certainly different than the physios up there do.

**AH**: Did you find that to keep up with the program you had to cut back on your practice or other things in life?

**RM**: Well generally it's expected that people should spend an hour a day studying, minimum, depending on their study skills. If they do that they're fine. There would be several weeks between classes.

**AK**: When I'd get back from school, if I hadn't started typing up my notes already, I would spend as much time as possible doing that. I'd have anywhere from ten to twenty-five pages of scrawled notes, and I'd transcribe them into a form that would make some sense, and I'd have also shot pictures of techniques and charts, so I would put those in my notes as well. So as far as having a life, it was curtailed to some extent. For me – and I don't think everyone did this – but when it was approaching exam time I really did put my head in the books and did cut back on my practice a bit, because I needed to review everything and make sure that I walked in to the exams feeling relatively settled.

**RM**: I want to say something about the thesis at the end of the program. It's something that you [can choose to] do after the five-year academic portion, and it really does complete the program. There's two different ways of doing the thesis: the quantitative, which is treat X amount of people and measure something before and after, and work on the concept of hypothesis. A whole other type of thesis is the qualitative thesis, of which there are various forms, and that one's more literature-based research, or surveys, or interviews, that sort of thing. It's usually a topic somebody has a lot of passion or interest in, so they really go into depth in that particular area of osteopathy, and perhaps discover some new information or reveal some old information that might have been forgotten about. It tends to be an integrator at the end of the program for people's experience.

**AK**: One of the reasons why I am still on the fence as to whether I'm going to do my thesis or not is that as a person from the U.S., the certification that I would get in Canada doesn't have any reciprocity. So in a sense doing the thesis would be for my own edification and to have a credential for Canada, but it doesn't do me any good down here in the States. So I would end up putting another two years plus into my studies for the program that I would certainly feel rewarded with at the end, but it really wouldn't make any difference as far as any professional standing that I could use. That said, the thesis is a very rigorous piece of work, and you are expected to do the research, do the academics, and then present the thesis to an international board and defend it. If you get through that, then you get the sheepskin so. Ron has done it, so he knows what it's like.

**RM**: If I had any more hair to lose, it would have fallen out!

### *EFFECT ON THEIR WORK*

**AH**: How has having done this training affected your practice? Has it changed how you practice?

**RM**: Well, Allan and I have had this discussion, and it's the ongoing discussion that comes in the Zen *koan* of "What the hell is Rolfing®?" I had classmates in Canada that would ask me "Do you still do Rolfing®?", and I will say for me, they are one and the same thing. Rolfers may articulate certain goals, but to me the principles stay pretty much the same. It's the tools and techniques that we use to get there that may be different. Do I occasionally get out the elbow? Absolutely. But, I have a lot of other tools in the toolbox, because they teach how to work with not just the tissues on the tissue level, but to work with the fluid levels as well as the field levels of the body. There's the classic Rolfing question "If you took everything from the body, what's the body mostly made of?" – and we answer "fascia". Well, the reality is, the answer is water. So there's a way of looking at the body from the fluid perspective, and that was a big tool that they added that was different than Rolfing training.

**AK**: Again, I came into the program just following the path of figuring out what was going on in the deeper dimensions of the body, if I can call it that. These days I've got a little bit broader perspective of what's going on when someone walks in and a different array of tools. And like Ron, I can work at a deep level doing visceral and cranial or whatever, and get a lot of work done, and other times I break out my elbow. For example, I had a guy come in the other day who first received Rolfing at Esalen with some of the real old-timers, some of the first people Dr. Rolf trained. I've worked with him on and off over the years, so when he called up (it's been about three years since I'd seen him) he says "So, you still remember that old Rolfing stuff?", and I said "Yeah sure, I can sharpen up my elbow and bring it out if we need to". So he was really up for that, but when he came in and I looked at him I thought "Well, I can sit here and do some good old-fashioned stuff, but what does he

really need?" He was complaining that he had a frozen shoulder that had more or less come back, and I remembered that he had had open heart surgery maybe five or eight years ago, and in my assessment I found that he had not only heart restrictions but lung restrictions. His pericardium was not moving as it should, it was actually adhered to his right lung and pleura, and that I think was pulling into the shoulder. So I could have reefed on his shoulder and ribcage all I wanted to and it would not get to the problem. I had to get his heart moving again on its axis, I had to separate it from his lung and get that moving again, and when I did this his shoulder was moving a lot better. Some of it was subtle, and some of it I was leaning on him pretty good. He has done tons and tons of Continuum, and was really happy with how I was affecting into his body and doing some movement on his own. He was impressed with how much easier it was to move deeply inside himself from having these adhesions released. That's stuff that just doesn't come out in a traditional Rolfing® sense. So it's broadened my ability to address what's going on – immeasurably.

**AH**: This might be a good point to ask about scope of practice in the U.S. Obviously, you cannot be an osteopathic physician. Can you practice most of what you learned?

**RM**: Of course you can practice what you learned. You have to hang the training on whatever previous title or license you have. So – high velocity adjustments, obviously we don't do those. The internal work, gynecology, not unless we have a license to do that. I would say for me that 95% of what I learned I can do within my scope pf practice as a Certified Advanced Rolfer™. When people truly need adjustments or other interventions, I have a network of people that I can refer them to.

**AK**: I'm also in Washington state, where Rolfers are licensed as massage practitioners, so we can't do internal work, and we can't do thrust adjustments, but everything else, it's not a problem.

**AH**: I'm curious how much this program and the way you work coming out of it dovetails with Rolfing theory and practice. If you had not gone into the program as Certified Rolfers, how much of what you came out of it doing would look like Rolfing or mesh with Rolfing?

**RM**: That's hard to answer because obviously I'm prejudiced by my Rolfing background, given that I did that first. But as an osteopath, ultimately for me there's only two things I'm thinking of when I'm meeting somebody: What is their relationship to the field of gravity, and do they have circulation in all of its forms? So, at its simplest, those are the two questions I'm always answering, and then of course, supplying principles and techniques to deal with that. Similar to Rolfing would of course be the relationship to the field of gravity. As an osteopath what's added for me is the idea of circulation of fluids in all their forms, not just blood but lymph and the trophism within the nerves and so on.

**AK**: Sometimes I wonder how much of my work is working like an osteopath and how much of it is working like a Rolfer. Some days I'll go "That was a really osteopathic session," and then I'll go "Yeah but, it was just a straight-ahead Rolfing session." I remember an annual meeting probably in the late 80s or early 90s, where Jan Sultan gave the opening address. It was a big period when many Rolfers were not happy with people doing visceral work or cranial work, venturing outside of what Ida taught. I remember Jan at one point in the address said, "I am orthodox!" and he was coming from the perspective of "If I am holding the line as sacrosanct, then I am Rolfing." That's kind of what I keep coming back to about my own practice. Certainly the CCO curriculum is all about gravity – what do we do to bring a person into a better relationship with gravity, [finding] what's holding them back from that, strategizing the session so that we can bring the body more into integration. The school talks a lot about integration; you have to integrate your client at the end of every session.

**AH**: When you say that the CCO is also using the idea of gravity, how are they assessing alignment in gravity?

**AK**: Yeah, a person stands up in from of you, you have them perhaps stand in different ways to see how their body responds and goes in and out of balance with the gravitational line. You assess it from the front, back, side to side, have them walk. They have some different cues that they look at [that Rolfers might not], but it's very similar. And then they go from there and do assessment through the body to see where the stuck places are and then decide which stuck places are the most important ones to take care of today, which ones we can do next, what can the body absorb in one session, what's the best way for it to deal with the information. So on paper all those things are virtually identical to the ideas that we're talking about in Rolfing® and the principles. But it's a little bit of a different language, and it's different techniques that they deal with.

**RM**: The only thing I'd add is about Dr. Rolf's concept of "Put it in place and call for motion" or normal function. [In osteopathy] you want to establish normal in the body. Detailed biomechanics – and I mean infinitesimal detail – is taught so that we know relatively what is normal. With my Rolfing toolbox I was not taught enough about biomechanics. [Rolfers] are taught to assess and say "Can you see how motion is moving through that area in the body," but not the specifics of how you get the biomechanics to transmit that motion. So on one level you have to know the biomechanics in exquisite detail. I think the training is a wonderful thing, but I think it's far too short of a program to approach it at that level.

**AK**: When you say "Put it in place and call for motion," Dr. Rolf wasn't the first person to do that either, at least from what I saw. We learned different techniques for working with the body that were attributed to Sutherland and these are [just like] tracking. You put the body into a particular posture, you call for motion and get the body to rearrange itself around that motion and get that motion to flow around the body and it repatterns the muscles, it changes the orientation of the body. When I first saw them showing these techniques, I was knocked on my butt, because it was tracking. A lot of the ideas that we attribute to Dr. Rolf, certainly she expressed them in her own way, but I have found many, many times that these were going on back in the 40s, back in the early 50s, and I can't help but think that maybe she picked them up. Maybe she came up with them at the same time, synchronistically, but it's fascinating to see how Rolfing seems to be more and more derived from osteopathic work in a lot of respects.

**RM**: There's an American osteopath Conrad Speece who does some very direct techniques with soft tissue that some people claim is just like Rolfing. His lineage is just one person removed from A.T. Still, and he's claiming that these techniques were directly from Still. We jokingly call it "redneck osteopathy".

**AK**: [laughing] He's a Texan.

**RM**: But certain techniques from Conrad I use daily.

**AK**: Well, he studied with Becker, who studied with Sutherland and Still, yeah?

**RM**: Well, Rollin and Alan Becker the two brothers, they trained with Sutherland. Rollin and Alan Becker's dad trained directly with Still. So, a very direct lineage there. I have a comment about osteopaths in general. They tend to be just like Rolfers – they can have large opinions about many things, and there can be a large spectrum of how they treat – it very much becomes an art. There's a wide range of how various ones treat.

### *THE PHILOSOPHY OF OSTEOPATHY*

**AH**: I've heard both of you use the word "technique" quite a lot, but it also seems like you're speaking of an overarching philosophy or view of the body that this program gave you. Would you say it's a third paradigm viewpoint they're giving you, with many techniques too, within that?

**RM**: There are principles that osteopathy is based on that come directly from A.T. Still. Theoretically any time an osteopath is working with somebody, they are being guided by those principles, and the techniques are simply that: just techniques. Still pretty much refused to teach his students "techniques". He wanted them to know the anatomy in infinitesimal detail, and then apply the principles with reasoned thinking to problem solve. That's how we are taught to think, and techniques are simply that – just techniques. It's how you apply them to deal with what's in front of you.

**AK**: The truth of the matter is, when you come across some sort of restriction in the body, it's never going to be the same from person to person or for that person from one day to another, so you are always adapting what you're doing to be able to address what's presented.

**AH**: Where does this program fit on the whole biomechanical / biodynamic spectrum, or does it not use those terms?

**RM**: It definitely uses those terms, but the spectrum out there in the cranial sacral world tends to be this either/or: there's the people that treat biomechanically, and there's the people that follow the biodynamic perspective. At CCO, all of that is taught, but it's a spectrum of meeting the person in front of you – again principle-based rather than being wedded to a specific philosophy.

**AK**: The cranial work that we learned is very clearly dealing with lesions. We're assessing the person, we're finding the restrictions – whether it's at a suture or within a particular bone, or a within membrane within the cranium, or coming from another part of the body – and we're following that and releasing it, and we're being pretty specific in that respect. I was told is it's Sutherland's cranial work, but not having known Sutherland I can't really comment on that.

**RM**: I would just expand on that a little. Where Allan said we would follow it and release it – that would be on the tissue level. Of course, [we do] the same thing on the fluid level, there's assessing and treating at the fluid level; that's where they would use the term "biodynamic". Now, biodynamic as is kind of a charged word, there's been debate in [this journal] about this. It really comes from one source originally, Jim Jealous of the American osteopathic physician world. But then people like Franklin Sills and Michael Shea are using it in the cranial sacral world, so there are two tracks of training out there – there's one in the osteopathic world, and one in the cranial sacral world. The CCO program kind of straddles that fence.

Another thing that occurs to me about the CCO program is they're really heavy on embryology up there. Most of the movements, especially the subtle movements we feel in the tissues and fluids of the body, are echoes of the embryologic journeys of the tissues. So they would say that the better one understands the embryology of something, the better they'll understand motion in the body.

### *CONCLUSION*

**AH**: A couple of closing questions. Do you have any criticisms of the program? So people have a balance point of view…

**RM**: [Laughter] Well I have to disclose up front that I am a teacher at the school now, so I would say there's always room for improvement, like most schools. Over time they have gotten better but they do have a ways to go in certain organizational areas.

**AK**: It's like any school. Some of the faculty are really great, and some aren't so good. The information itself, which is what I was looking for, was really, really good, but sometimes when I had questions I couldn't get decent answers, and that drives me crazy. Also I felt that the organization of the CCO was somewhat lacking in some respects. It's like any organization of this type, it's got its really strong points and then it doesn't quite come through sometimes, so it was a love/hate relationship for me.

**AH**: My last question is what kind of Rolfer would be interested in the program, or would fit it well?

**RM**: People who feel that they don't have enough information. One Rolfer who was in the program years ago (I believe he dropped out), he worded it very succinctly – he said that he wanted greater access to the body than he got in his Rolfing® training, because the fascial paradigm or viewpoint is just one viewpoint. You could just as easily look at the neurological way of viewing the body and see how that changes it in gravity, or how fluid pressures, how the fascia, nerves and fluids all interact to hold the body up – so it gives a better access to the body.

**AK**: I would echo Ron. If you're interested in a much more in-depth view of how the body works and how to affect it, then this is a good way to go, because there's a ton of visceral work, there's a ton of physiology, and biomechanics, cranial work… But don't think that it's just a waltz in the park, just a bunch of weekend workshops or something. It really demands a lot of time, you have to put your time in to be able to get through it, so I wouldn't recommend it for someone who isn't going to devote the amount of time that is necessary. It can be a chore but it's rewarding. It definitely is time-consuming, and I didn't quite realize to what extent it would take up my time. You have to really be able to accommodate it with your life.

**AH**: Well, congratulations are due to both of you for having gone through the program and all the work involved.

**RM**: For me, I have absolutely no regrets. It was the direction I was always headed, even though I didn't have a name for that. So I have no regrets absolutely about doing the program.

*Ron Murray is a Certified Advanced Rolfer™ and a licensed Berry Method Practitioner/ Teacher. He holds a Doctorate in Osteopathic*

# Essential Works in Biodynamics: Researching and Reaching into the Depths

**By Carol Agneesens, RCTS®, Certified Advanced Rolfer™**

*My belief is in the blood and flesh as being wiser than the intellect. The body unconscious is where life bubbles up in us. It is how we know that we are alive, alive to the depths of our souls and in touch somewhere with the vivid reaches of the cosmos.*

D.H. Lawrence

This quote from D.H. Lawrence could have been written about the study of Biodynamic Craniosacral Therapy (BDCST). BDCST is as much a training in perception as it is a therapeutic process. BDCST has given me the opportunity to immerse myself in a field ripe for impassioned study. Recently, I was asked to review some of my personal and valued references for a study of craniosacral therapy from a biodynamic perspective. I asked myself the question, what books have not only informed this study but have also helped to inflame my desire to learn this approach? What books have fueled an embodied sense of the perceptual underpinnings of this work? Embodiment is a critical aspect of biodynamic craniosacral therapy; otherwise the practice can be driven by concepts rather than a visceral experience.

In writing this book review, I resorted to the age-old metaphor, if I were stranded on a desert isle what books, tapes or CDs would I want to have with me to continue nourishing this inquiry? With this as the context, I am citing my favorites.

It was a difficult choice. There are a growing number of resources available, and this field seems to be naturally expanding to fill the space. In addition, there are many aspects to this study, encompassing a full spectrum from biodynamic theory to embryology, cranial anatomy to cultivating perceptual acuity. Absorbing the nuances of this work is akin to traversing a spiral. Learning progresses, then circles back to a familiar beginning, which now includes greater depth and understanding. It has been an ongoing delight to be able to dive deeply into this subject as I embody this unique approach.

As I peruse my library, immediately I pull from my shelves William Sutherland's *Contributions of Thought*, my iPod containing many of the CD lectures by Dr. James Jealous, and Michael Shea's *Biodynamic Craniosacral Therapy, Volume One*. In addition I would pack Erich Blechschmidt's *The Beginnings of Human Life*, Tuchmann-Duplessis's *Illustrated Human Embryology*, Johannes Rohen's *Functional Morphology: The Dynamic Wholeness of the Human Structure*, Laurens Van Der Post's *The Lost World of the Kalahari*, and David Abram's *The Spell of the Sensuous*.

Now I'll discuss some titles in more detail, looking first to osteopathy and BDCST.

***Contributions of Thought: The Collected Writings of William Sutherland, D.O.*** This book contains lectures, correspondence, and personal inquiry covering the years 1914-1954. Like Dr. Rolf, William Sutherland was a pioneer. He actively explored the far reaches of osteopathic theory and practice well into his late seventies. Guided by both inspiration and instinct and grounded through physiology and anatomy, he developed the cranial concept. This book follows his exploration and details the steps leading to the insight that cerebrospinal fluid is one of the highest elements known to man, as well as the therapeutic emergence of a force he called the Breath of Life. Sutherland developed a gentle approach to cranial sacral therapy. At seventy-eight years of age he continued seeing patients, cultivating an instinctual reverence for the self-correcting system of his patients. He felt that one-thousandth of an inch was vital in treatment. This book also contains the "Tour of the Minnow," the classic meditation that furthered Sutherland's embodied understanding of cranial dynamics. The following is an example of a sensory metaphor, which Sutherland used to cultivate within himself and within his students the lived experience of cranial sacral function.

> ...The neural tube as a whole is like a house in an ocean, and there are open doorways between the rooms of the house. This ocean is a constant body of fluid contained within the arachnoid membrane and within the neural tube. The movement of the fluid within its natural cavity is a tidal movement, a fluctuation.[1]

***The Biodynamics of Osteopathy in the Cranial Field, CD lecture series***. For me, Rolfing® is an oral tradition, one that is transmitted through an instructor's voice and presence. Similarly, BDCST is an oral tradition. The CD lecture series by Dr. James Jealous is a way to broaden your understanding of this work. It is not just the timbre of Jealous's voice, but the pauses and spacing between his words and phrases. It is the clarity and originality of thought that jolts my reality and slowly stretches my perceptual knowing. What I enjoy doing is taking long walks in the forest or by the ocean or just lying in bed in a semi-meditative stillness, listening to various lectures and allowing the material to wash through me.

Although I have listened to some of the CDs, three or four or more times over, there is something that I hear anew each time I listen, or another aspect of his lecture captures my attention and fascination.

A few of my favorites in the series are: "The Embryonic Mind", "The Patient's Neutral", "Rebalancing and Side Effects", "Lateral Fluctuations No. 1 and No. 2", "Our Hands", "Perceptual Studies No. 3", and "Dural Sacs".

The following is quote from "Perceptual Studies No. 3", which speaks to an experiential shift that is essential for an embodied experience of BDCST:

> Let's take a minute and look toward the horizon. Let your eyes relax, let your observer relax. Stop holding

> onto knowing. Let's just drop our IQs down for a little bit here. Look towards the horizon. Cast your eyes upon the hills or the horizon. Even if you can't see it, our organism senses it. It knows. It's relating to it every time you move your head. We're going to let our eyes just relax a little bit. We're going to let our attention exhale from our eyes, just like you were breathing out air from your lungs. Take your possessiveness off your attention. Let it exhale, and let it go away from you like a cloud leaving your eyes. Let it drift by itself without your direction. Let it go, and notice where it goes….[2]

***Biodynamic Craniosacral Therapy, Volume One***: I appreciate the scope that Michael Shea, Ph.D. covers in this first volume. With attention to important detail and description, he includes: a historical overview, an in-depth understanding of biodynamic theory and principles, and the significance of embryological study, including a discourse on metabolic fields. His directed meditations facilitate a shift in the practitioner's perceptual orientation. These shifts are essential for sensing the therapeutic forces that are ever-present and available to deepen an individual's healing process. In addition, biodynamic theory is presented within the context of creation mythology.

> Healing is not about fixing, but about reconnecting an individual with their creation story and origins.[3]

The thorough glossary in the appendix provides a background for the terms and language unique to this body of work. Dr. Shea's second book is *Biodynamic Craniosacral Therapy: Volume 2*. This volume, currently in press (due in August 2008 from North Atlantic) contains significant contributions from Raymond Gasser, Ph.D., who was Erich Blechschmidt's colleague and co-author.

***Interface: Mechanisms of Spirit in Osteopathy***. In this engaging book, Paul Lee, D.O. blends the philosophy of osteopathy, as envisioned by its founder Andrew Taylor Still, with current scientific understandings from quantum physics, research on biological fluid rhythms, and connective tissue dynamics. Through his integration of osteopathic philosophy and contemporary science, Lee supports his argument that the essence of spirit emerging into form can be touched. It is at this interface that healing can occur.

> We experience the whole as we touch the patient and engage the holographic connective tissue and movement that plies it. Underlying all we do is the emergence of Health…[4]

For the study of embryology I recommend the following titles:

***The Beginnings of Human Life***. Erich Blechscmidt (1902-1992) emphasized that the embryo is not only alive, it is fully functional at every stage of its development. He identified metabolic motions that directed the development of the embryo. Osteopaths propose that these forces of embryological development are the same forces of healing in the adult. Jealous, who was deeply influenced by Blechschmidt's work, honored him by coining the term "*biodynamic osteopathy in the cranial field*" (BOCF). 5

A study of BDCST cultivates the perception of these metabolic motions that sustain, maintain and heal.

***Illustrated Human Embryology***. This three-volume series is clear and has colorful illustrations. The books provide a clearly illustrated timeline for understanding stages of embryological development: Volume 1: Embryogenisis; Volume 2: Organogenisis; and Volume 3: Nervous System and Endocrine Glands.

***Functional Morphology: The Dynamic Wholeness of the Human Structure***. This is the English translation of Johannes Rohen's *Morphologie des Menschlichen Organismus*. For Rolfers and structural integrators, this book offers a goldmine of information relating to the origins of physical structure. It includes illustrations as well as a thorough inquiry into organ systems, which are "studied within the context of the dynamic whole." Rohen's book significantly supplements and expands the concepts of general anatomy, in addition to exploring significant embryological and evolutionary aspects of the human organism. It is worth its weight, and includes a thorough investigation of the major systems of the body.

There are a number of books that I value for the perceptual horizons they open. Native cultures have always captivated my curiosity through their unique relation to nature, space and time. It is very different frame of reference and relationship than the clockwork tempo most of us are run by – without even being aware that we are operating outside our natural rhythms. Through Laurens Van Der Post's writing, I was introduced to the vast perceptual field of the heart. The African Bushmen of his stories sense their relations traveling the Kalahari, even at vast distances. These writings, as well as *The Spell of the Sensuous* by David Abram, cultivate a lived-experience of what it is like for an individual to be immersed in the environment in which they live, as well as being touched by their environment – seeing and being seen by the natural world that surrounds them.

> I felt that the encounter had for a moment made me immediate, and had, all too briefly, closed a dark time gap in myself. With our 20th century selves we have forgotten the importance of being truly and openly primitive. We have forgotten the art of our legitimate beginnings. We no longer know how to close the gap between the far past and the immediate present in ourselves. We need primitive nature, the first man in ourselves, it seems, as the lungs need air and the body food and water; yet we can only achieve it by a slinking, often shameful back door entrance. I thought finally, that of all the nostalgias that haunt the human heart the greatest of them all, for me, is an everlasting longing to bring what is youngest home to what is oldest, in us all.[6]

The works which will alter your perceptual frame (cited above), the writings of Sutherland, Shea, and Lee, and the lecture series of Jealous, support an ongoing study and exploration of biodynamic practice and theory. The science underlying BDCST is supplemented by the dynamic embryology of Blechschmidt and Rohen. The practice of Rolfing / structural integration, as well as my inquiry into and practice of BDCST encourages a continual weaving of science and art, stretching the horizons of perception and thought. Allow these works to captivate and whisk you away on a novel and enriching exploration for your heart, mind and senses.

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# What Did Dr. Rolf Want?

**An Exchange Between Certified Advanced Rolfers™**
**Bob Schrei, Ray McCall, Jeff Maitland and Duffy Allen**
**Regarding the Energetic Aspect of Rolfing® Structural Integration**

In the summer of 2007, an announcement appeared in *Fascial Flashes* concerning a workshop entitled "An Energetic Foundation for Rolfing" offered by Bob Schrei and Ray McCall and based on Schrei's SourcePoint Therapy system. Within a short time, a heated discussion had appeared on the Rolf Forum and emails were sent to the Board of Directors of the Rolf Institute of Structural Integration® (RISI) decrying the appropriateness of the RISI sponsoring an "energetic" workshop. In light of the objections, the course was voluntarily resubmitted before the Continuing Education Committee, where it was approved for a second time. Despite or perhaps because of this controversy, interest in the class was so great that extra seats were added and additional teaching assistants hired. When the dust has settled, "An Energetic Foundation for Rolfing" was the first completely full continuing education (CE) class offered through the RISI in several years.

At the heart of the debate surrounding this class were the fundamental questions: What did Dr. Rolf want? In what direction should Rolfing proceed? What is the appropriate scope of training and practice for Rolfers? And, is there a place for an energetic taxonomy in both the Rolfing education system and private practice?

We would like to begin by letting Dr. Rolf address these questions with excerpts from her address to members at a RISI annual meeting in 1974:

> People so often come to you and ask, "What does Dr. Rolf want?" Here is the answer. With this map in front of you, you tell them what I want. I want to see what happens to the energy fields in and around an individual as you order his structure and what is the change in his behavior that parallels this change in energy. I want to see whether those fields get broader, whether they get brighter, whether they get more vertical, whether they get more confused. I want to see whether fields interdigitate, etc. These are all directions in which we should and must go if we are to fulfill what I envision as our destiny.
>
> To go on this trip you need to stretch your imagination. This is an important prerequisite. There is no limit to the infinite territory into which this leads. Most important to us as individuals and Rolfers is the exploration of what changes occur in us as human beings coincident with these modifications in energy fields. What is the difference in our behavior?
>
> …We have now come to the point in the history of structural integration where we have to make a comprehensible connection between the real world and the world of ideas; a real world in which a 28 year old woman sits in a wheelchair, never having been really mobile, and in a week gets out of that wheelchair and starts to walk. That real world must be related to the world of ideas concerning magnetic fields – life fields without and within and through an individual.
>
> …Today I hope that among you there are the kind of fish that will go out and bring in another school of fish…not to get their aches and pains taken out, not to have their symptoms removed, but that they may contribute to the understanding of energy in the human universe.
>
> …You, as Rolfers, are dealing not only with the physical levels, the flesh, but with the finer energy levels – the psychic, perhaps the spiritual (I do not consider myself to be an expert in differentiating these latter two).
>
> ….And may we end by all going out and seeing auras.[1]

With this in mind, we'd like to share our viewpoints.

**Bob**: Ray, what was your motivation in offering this workshop?

**Ray**: After taking the Level One and Level Two SourcePoint workshops with you, and then working with this modality of intervention in my own practice for two years, the results sufficiently impressed me that I wanted to further explore SourcePoint within the context of a Rolfing continuing education class. Specifically, I wanted to see what kind of structural and functional changes would be produced by a group of Rolfers who employed an energetic approach to the classical goals and methods of Rolfing.

**Bob**: And what was the outcome of the CE class?

**Ray**: First, let me say that I believe contralateral movement is a primary indicator of integration, so with this in mind, I was amazed at the consistency of what I saw in the post SourcePoint session. Independently of whether the practitioner had years of experience or was newly certified, when the "client" got up off the table and walked, the manifestation of contralaterality in their movement was equal to or greater than what I would anticipate from a traditional Rolfing session.

**Bob**: So why not just do a traditional Rolfing session. What is gained by adding an energetic perspective?

**Ray**: When working as Rolfers, we are always faced with three questions: Where do we start, what do we do next, and when are we finished? By doing a manual scan of the energy field of the client, as is done in the SourcePoint methodology, not only can we determine the location of primary blocks or discontinuities, but more importantly, we can determine where the client's body wants us to start. When this starting place is honored, I consistently find that the session is more effective. This is true whether I am working in the context of a basic Ten Series or doing non-formulaic advanced work.

**Ray**: Bob, I am curious to know how SourcePoint evolved and also how you use it within your Rolfing practice?

**Bob**: When I did my Advanced Training many years ago with Michael Salveson and Jeffrey Maitland, one of the ongoing

conversations in the class was how Rolfers tend to use other energetic systems to frame their Rolfing® work, whether it be acupuncture, chi gung, chakras, biodynamics, whatever, and how grabbing at a dozen different energetic approaches doesn't really serve our work as Rolfers. That led to a conversation about how Rolfing needed an energetic foundation, or energetic taxonomy, which was unique unto itself, in order for Rolfing to truly be a third-paradigm (holistic) approach. This became part of my challenge and inquiry over the years.

**Ray**: Do you feel that SourcePoint makes traditional Rolfing unnecessary?

**Bob**: Not at all. My own work on a daily basis still primarily employs hands-on manipulation of connective tissue in order to evoke change in structure and function. But this is done within an energetic context. In order for an intervention to be truly integrative, it has to include or address the energetic reality of the individual. It's a common misconception that an energetic approach means extremely light or off-body contact. I am always looking at what level of touch is required to evoke the necessary change. That may be light or extremely deep. SourcePoint gives the practitioner a tool to evaluate whether or not the intervention has been successful and whether or not s/he has been working at the most appropriate level to bring about a higher level of order.

The structural and movement analysis we are trained to use as Rolfers do not always give us the most reliable information. Remember, from the viewpoint of energetic medicine, energy always precedes structure and function. An energetic blockage in the interosseous membrane of the forearm may very well be responsible for the movement pattern we see in the foot and lower leg or the scoliotic pattern we are witnessing in the spine and ribcage or the inhibition of kidney function. It could be argued that the structural, functional, and physiological patterns that we see are simply symptomatic responses of the organism to energetic phenomena. Acupuncturists and other healing traditions have known this for several thousand years. SourcePoint is a simple effective means to gather similar information. To use SourcePoint is to truly understand what it means "to work where it isn't".

**Ray**: Can you briefly describe what SourcePoint actually is?

**Bob**: Energetic approaches to healing have been a long-term interest in my life over the past forty years. One of the common elements in many forms of energetic healing is the notion of a "blueprint" or template as an organizing reality for the physical form. Dr. Rolf had an abiding interest in the energetic nature of our work. In her book, *Structural Integration*, she states in the very beginning that "A joyous radiance of health is attained only as the body conforms more nearly to its inherent pattern. This pattern, this form, this Platonic Idea, is the blueprint for structure."[2]

There it is, right there, from the very beginning, the notion of an energetic pattern or Platonic Blueprint that activates structure. A good case could be made that the book is simply a presentation of Dr. Rolf's view of what that pattern looked like in the flesh and that the Ten Series is nothing more than a brilliant approach to achieve resonance between the body and that blueprint for structure and function. Later in the book, Dr. Rolf states it even more clearly: "…Is "balancing" actually the placing of the body of flesh upon an energy pattern that activates it? The pattern of this fine energy would not be as easily disrupted and might well survive, relatively intact, traumatic episodes that distort the flesh."[3]

With SourcePoint, we are working directly with this pattern and are also identifying and releasing blockages that inhibit the body from being congruent with this pattern.

**Ray**: How does SourcePoint allow or enable one to interact at the level of this pattern or "blueprint"?

**Bob**: At its simplest level SourcePoint acknowledges that this "blueprint" exists and is the primary organizing reality. As Jim Oschman said in his address to the International Association of Structural Integrators conference two years ago, we know the "blueprint" exists, we just don't know where it is located. SourcePoint works with the premise that this information can be accessed through points in the energetic field surrounding the body. Then the question becomes what keeps this information from manifesting as order in the physical form, which brings us back to the basic question of how we can most effectively evoke a higher level of order and function in the physical body.

**Bob**: Ray, how do you perceive working at the level of the blueprint evokes greater organization and function than simply working with fascia and connective tissue?

**Ray**: Currently, Rolfers are taught to evoke order in structure through the lenses or perspective of the taxonomies: structural/geometric, functional, energetic, psychobiological. However, there has never before been a coherent, accessible, effective way of teaching how to work with the energetic phenomena that we experience during our Rolfing. The SourcePoint approach addresses this need.

As I have already stated, one thing that impressed me during the recent six-day class "An Energetic Foundation for Rolfing" was the contralateral movement expressed by clients. One important contribution to this expression of integration was the ease in which the SourcePoint work allowed all students to accomplish an energetic assessment and then use that information to strategize and effectively do a non-formulaic three-series. Thanks to the information made accessible by SourcePoint, students reported that they were working more deeply and more effectively in the physical body than they had anticipated, and the client's expression of contralateral movement supported the practitioner's sentiments.

**Bob**: Why do you think that happened?

**Ray**: Because including the information found in the energetic aspect enables the work to be truly holistic. We are relating the body to order and health rather than trying to make better relationships between symptoms.

**Bob**: Some people object to an energetic approach because it is not scientifically verifiable. What is your response to this view?

**Ray**: There are many forms of research. A phenomenological approach is to have a skilled group of practitioners explore phenomena and report the results of their experience. This is what we did in the six-day and the results were overwhelmingly consistent and positive.

What I saw was that no matter who was using the methodology, the findings were similar. If a student did an assessment and then had the instructor independently perform the assessment, they both came up with the same findings. This points back to the idea that the SourcePoint methodology has a high index of inter-observer reliability.

This is a term that comes from research methodology and is simply a measure of how consistent observations are from observer to observer. This is an important element of building any kind of research design to test whatever aspect of a treatment intervention.

**Ray**: Lets hear from Jeff Maitland about this issue.

**Jeff**: Isn't it ironic that the people who won't accept energy work until it is "scientifically verifiable" go about their life accepting all kinds of odd phenomena that they cannot verify scientifically? I'm thinking of Jung's archetypes or his concept of synchronicity, for example. There are Jungian therapists who insist on scientific verifiability for energy work, but psychologically assess their clients through the interpretive lens of an archetype without giving a thought to whether archetypes can be scientifically verified. It seems to be assumed that everyone knows just exactly what scientific verifiability is, and once you claim that a phenomenon needs to be verified scientifically, there is no need for further discussion. I wonder how many Certified Rolfers™ there would be today if everyone had waited to become a Rolfer until Rolfing® was scientifically verifiable. There needs to be a clear conversation about different ways of knowing, the nature of science, and the concept of verifiability. One thing that should be pointed out here is that if a phenomenon is perceivable, then it is open to scientific scrutiny. The energy work we are talking about here is, in fact, perceivable, and people can be trained to perceive it. As a result, it can be investigated scientifically. In point of fact, it has been and is being investigated scientifically. And let's not forget about Valerie Hunt's and Dr. Rolf's research on energy and auras.

As Ray pointed out, if you have a group of well-trained practitioners who are in agreement as to what they perceive, this is a kind of verifiability worth having. In fact, this kind of agreement is just what you find when you dialogue with and check your perceptions against a group of well-trained practitioners. Just as you need to be trained to see the organisms that are revealed by a microscope, you need to be trained to perceive energy. You can't scientifically verify the dry fruity taste of a fine wine. But this limitation does not mean that wine tasters with exquisite palates can't find agreement in their perceptions. I am reminded of something Goethe said that is relevant to this discussion: "The human being in himself, when he makes use of his healthy senses, is the greatest and most precise physical instrument that can exist…"[4] Wilhelm Reich said essentially the same thing. It's too bad that those who object to energy work don't know a little more about phenomenology.

One of the things about energy work that interests me a great deal is the way it teaches you to listen to the body. Although it's an exaggeration to say that perception is everything, it's not much of an exaggeration. Energy work sharpens your perceptions. As most Rolfers know, the better your ability to evaluate your client's needs, the more effective your work becomes. As it turns out, a thwart in any assessment taxonomy will show up as a thwart in all. That means that your work will be less effective to the extent you cannot read or manage your client in each of the taxonomies (structural/geometric, functional, energetic, and psychobiological orientation). Energy work is a fabulous way to train and enhance your perceptual vitality. It also sometimes has tremendous results. I have done an entire hour's worth of energy work without ever touching my client once and have been amazed to see how well the goals of Rolfing had been achieved. Of course, not every energy session is spectacular, just as not every Rolfing session is spectacular. But what you can count on is enhancing both your perceptual skills and your Rolfing ability. Plus, it's downright mind-boggling fun to work at this level, because as your client's being opens, so too does yours.

**Bob**: Jeff, I agree that one of the most important aspects of working in this manner is that you learn to listen to your client at a much deeper level. That alone in our culture has a profound therapeutic value. The body responds with much greater attention when it realizes, for instance, that you are listening to where it wants you to begin the dialogue of a session, whereas what we normally do is impose the rules of a belief system when strategizing where and how to make first contact. The importance of listening is nothing new, the musician/composer Pauline Oliveros has for many years been teaching retreats in "Deep Listening." An energetic perspective facilitates a much deeper listening to the body/mind of the person you are working with. The session opens up before you in unexpected ways.

I would also say that every session is entirely unpredictable. That is certainly a significant piece of what keeps me interested in this remarkable work. Every session is entirely unique and unpredictable. What is predictable is that when working from the standpoint of the energetic taxonomy, you will be able to more effectively tailor each session to achieve the goals and principles of Rolfing with the unique individual before you. "Fix-it" work also becomes much more effective, as does one's ability to work more precisely across all of the other taxonomies. The reason we were able to achieve contralateral movement so readily from this perspective is that the primary thwart to movement is often neither fascial, bio-mechanical or neurological, but energetic.

Your response also brings up another interesting question which relates to the inquiry that is at the forefront of our community right now: "What is our scope of practice?" You mention doing an hour's worth of energy work without ever touching someone and achieving the goals of Rolfing. There are two implications. One, that Rolfing is not just a biomechanical, myofascial or manual therapy approach to the body, and two, that it is the goals and principles or our work that define who we are as Rolfers and not how we touch someone, nor whether the goals are accomplished through hands-on myofascial work, a laser or percussor, a particular technique, or working in the field around the body.

**Jeff**: I couldn't agree more. It's not our techniques that define our practice; it's the goals and principles that do. Do you remember that story about Dr. Rolf being asked whether it was still Rolfing if a practitioner did the work from across the room and achieved the goals of Rolfing without ever touching the client? She replied yes, it was still Rolfing as long as you didn't leave gravity out of the picture.

**Ray**: When individuals were objecting to the workshop being sponsored and given continuing education credit by the Rolf Institute of Structural Integration®, they said that their concern was that Rolfing would be discredited and therefore dismissed by the scientific community. In order to be accepted by the scientific and medical community, osteopaths disowned the energetic, spiritual aspect of their heritage. Many of them think that it was an unwise, limiting decision. I don't see it as an either/or. I think that those in our

community who want to do "hard science" research can and should. It is important. It is equally important to acknowledge, explore and research the energetic reality of our work. To not do so would be to disown a rich and essential aspect of Rolfing®, and without the energetic, it would not matter whether we were accepted by the collective or not – we would no longer be practicing the holistic art of Rolfing; we would have reduced it to yet another mode of manual medicine. Our culture is primarily materialistically oriented. I think that part of our responsibility as Certified Rolfers is to educate our clients and the public to a larger perspective. There will always be a tension between the material and the transcendent – each informs and balances the other. We have the challenge and responsibility to not try and eliminate one or the other, but to hold the tension of both so that what is next can emerge.

**Bob**: Duffy, not only do you use SourcePoint in your Rolfing practice, you are a faculty member of the RISI and also served as an assistant instructor during the recent "An Energetic Foundation for Rolfing" workshop. This puts you in a very unique position. Do you have anything to add?

**Duffy**: Yes, jumping from the SourcePoint workshop into a basic Rolfing classroom in less than forty-eight hours was an interesting transition. During the workshop, I was astounded by the high perceptual capacity the students, all trained Rolfers, brought to the table. With these skills, the workshop participants were able to perceive and interact with the SourcePoint material immediately. I noticed how you, in particular, Bob, held the container for the workshop with the expectation that every person is capable of working with these energetic constructs. What I then saw was a roomful of practitioners immediately using SourcePoint with both precision and decisiveness.

I took this concept into the basic Rolf training I taught immediately following. I found that by acknowledging that entry-level students are hardwired to recognize patterns of order, we were able to work from a principles and goals orientation and apply it to the Ten Series quite quickly.

What I often hear from students is that they "don't see." My contention is that students do see – they see a lot, they just need to refine their perception to the specific principles and goals of any given session. I found that when I approached a student session with this in mind, the level of overwhelm experienced by the practitioner (and myself) was reduced. I did not explicitly teach any of the elements of SourcePoint Therapy; I relied on the underlying common tenet, that an energetic template for humans exists, is readily accessible, and includes the goals and principles of Rolfing.

I would love to see a faculty-wide conversation about this level of our pedagogy take place. As each of you have mentioned, the paramount features of Rolfing are the principles and the goals of the sessions. Therefore, I step out of my private practice and enter the classroom with great care to pay attention to the particular biases I and my students may bring, thus helping to ensure no principles or goals are corrupted.

In my private practice, I find that the SourcePoint energetic framework allows me to work within the principles and toward the goals of each session more efficaciously. SourcePoint can be easily used in accordance with the construct of the Ten Series or during non-formulistic advanced work. In fact, the practical perceptual skills required for SourcePoint could be laid down and reinforced during basic Rolf training. These energetic skills would be an asset for students as they work their way through school and eventually head into private practice. SourcePoint has equal or perhaps more relevance for Advanced trainings, and especially so for those who might be fortunate enough to have been exposed to the work early in their Rolfing education.

**Bob**: Thanks, Duffy, Jeff and Ray. I deeply appreciate all of your input and hope that future conversations about the energetic taxonomy can and do take place. I agree completely with Jeff, that a thwart in one taxonomy shows up as a thwart in the others. Years ago, when ignoring the energetic taxonomy, I missed a significant causative factor of my clients' structural and functional disorders.

**Ray**: It's an honor and privilege to be participating in this exploration. I look forward to more.

**Bob**: In closing, I would like to remind all of us that Dr. Rolf stated very clearly that there was an energetic basis to our work and that as Rolfers we were much more than just manual therapists or bio-mechanics. She called for us to be a new kind of therapist, saying "One of the things that you as Rolfers must always emphasize is that you are not practitioners curing disease: you are practitioners invoking health. Invocation is possible by an understanding of what the pattern is…This is what makes a Rolfer a new kind of therapist…"[5]

### *CAST OF CHARACTERS (in alphabetical order)*

Duffy Allen, M.S., is a Certified Advanced Rolfer trained in 1995. She became a member of the Basic Training faculty at the Rolf Institute of Structural Integration® in 2006.

Jeff Maitland, Ph.D., is a Certified Advanced Rolfer trained in 1979. He became a member of the Basic Training faculty at RISI in 1988 and the Advanced Training faculty in 1993.

Ray McCall, M.A., is a Certified Advanced Rolfer trained in 1978. He became a member of the Basic Training faculty at RISI in 1997 and the Advanced Training faculty in 2006.

Bob Schrei, B. Arch., MFA, is a Certified Advanced Rolfer trained in 1985. He has been approved by the Continuing Education Committee of the Rolf Institute faculty to provide continuing education classes for manipulation and elective credit. He is the founder of an energetic healing system, SourcePoint Therapy.

*Note: The details and dates of the next SourcePoint workshop can be found in Fascial Flashes and on the continuing education section of the Rolf Institute website at www.rolf.org.*

### *NOTES*

1 Rolf, Ida P., "Address to the Rolf Institute of Structural Integration® Annual Meeting, 1974", *Structural Integration: The Journal of the Rolf Institute*, June 2003, Vol. 31, No. 2, p. 15.

2 Rolf, Ida P., Rolfing: *The Integration of Human Structures*. Dennis-Landman, 1977.

3 Ibid.

4 Naydler, Jeremy, *Goethe on Science: An Anthology of Goethe›s Scientific Writings*. Edinburgh: Floris Books, 1996, p. 29.

5 Feitis, Rosemary (ed.), *Ida Rolf Talks About Rolfing and Physical Reality*. Boulder: Rolf Institute of Structural Integration, 1978.

# Plasticity and Flexibility in the Development of Organisms

**By Bruno D'Udine, Ph.D.**

***Introduction by Advanced Rolfing Instructor Jeff Maitland**: I first met Professor Bruno D'Udine almost two decades ago when Jan Sultan and I were teaching an advanced Rolfing® class in Seattle. His wife, Carla van Vlaanderen, was taking the class, and he had accompanied her for the first week. During that time, Bruno engaged Jan and me in some rather exciting discussions about biology and Rolfing. He mentioned that he had written a paper on plasticity. Recognizing the value of Bruno's explorations and research to Rolfing, we immediately asked him if he would read it to the class. We found his work relevant and exciting. Bruno has continued to be a great fan and supporter of Rolfing as well as a gracious source of information on biological research relevant to Rolfing. I have been blessed by Bruno's generosity and intellect and am profoundly grateful for what I've learned from him. In "Plasticity and Flexibility in the Development of Organisms," he favors us again with his fascinating and important research on plasticity. It should be obvious to every Certified Rolfer™ that the phenomenon of biological plasticity is at the very heart of our work. In his book,* On the Nature of Human Plasticity*, Richard M. Lerner says, "if the plasticity of humans is the hallmark of the species...then interventions aimed at enhancing plasticity are of paramount importance." Regardless of whether he knows about Rolfing or not, is Lerner not talking about our profession?*

What exactly is our true plasticity and flexibility within the physical and cultural environments into which we are born and in which we develop? Scientists from such diverse disciplines as molecular genetics, evolutionary and developmental biology, anthropology, neuroanatomy, neurochemistry, comparative developmental psychology, and sociology have for some time now been focusing their attention on this specific subject.

The question they all pose is this: To what extent are organisms, in general, and human beings, in particular, able to adapt and possibly change their physical and behavioral characteristics during their lifespan? The processes studied by each of the above disciplines concern all elements of plasticity and flexibility. Indeed, systematic changes have been recorded in the structure and/or in the function of organisms over the course of time.

This multi-disciplinary research gives rise to important implications for possible corrective intervention aimed at improving human health during the course of various phases of the dynamic process of life. It has also been recognized that changes in one developmental process stem from and contribute to other correlated processes. Therefore, even though the potential for plasticity seems to be present almost everywhere, it has certain limits, and the various different structures and functions in which it manifests itself become more restricted with age.

Historically speaking, developmental studies gave rise to many diverse concepts of plasticity during the last century. In the 1901 *Dictionary of Philosophy and Psychology* (edited by James Marc Baldwin), plasticity is defined as "…that property of living substances or of an organism whereby it alters its form under changed conditions of life."

At the turn of the 20th century, Darwin's theory was still a recent phenomenon and as a result plasticity focused mainly on the implication of this new theory, specifically, how organisms change as a result of evolution. During the 1930s and 1940s, plasticity or flexibility/modifiability research once more took center stage. This was due to Karl Lashley's concept of cerebral plasticity and his study of the negative effects of environmental deprivation in early infancy and the possible benefits derived from compensating programs of recovery.

In the 1970s and 1980s plasticity and its associated research once again attracted renewed interest. This time, however, it was not confined to infancy, but expanded to include gerontological psychology, as science was beginning to understand that ageing is not a fixed general process of decline and that even older organisms still have considerable potential for change.

There are many ways of interpreting why this constantly changing theme of plasticity attracts so much interest from so many different sources. In his book, *On the Nature of Human Plasticity* (1984) Richard Lerner claims that this is the direct expression of certain underlying tensions inherent in the disciplines that concern developmental processes.

From a certain point of view, the study of the development of plasticity is characterized by research into universal processes and the mechanisms of ontogenetic change. On the other hand, as soon as scientists claim to have developed clearly defined processes that are acceptable to all, there is a counter argument that challenges the idea of this universality.

Once we come to terms with the concept that as soon as developmental mechanisms are identified and understood, there is a gradual perception that the conditions controlling these mechanisms involve an increasing spiral of complex actions and reactions. Therefore, knowledge of developmental processes and mechanisms also provide us with information about their alterations and changes. The new systematic approaches to the network/systems of life now offer us a very stimulating perspective towards understanding or possibly even creating a new interactive holographic model of living systems that takes into account their almost infinite modulations and interactions.

Perhaps the most important reason why the field of plasticity is attracting such great interest is that behavioral development is intrinsically of great practical value. The study of developmental processes is therefore not limited only to the descriptions and explanations of observed phenomena, but also investigates modification and optimization of evolutionary processes of organisms in general, and in particular, those processes that concern the human species.

As a result, many researchers do not restrict their work to the simple study of how developmental processes arise, where they

originate or where they are going. They also try to indicate what might happen if and when developmental conditions are varied in ways that are more or less predictable. In this multi-faceted context, research into real or potential plasticity of organisms represents a landmark in the quest for a deeper knowledge of developmental processes.

Leaving this historical-theoretical aspect aside, I would now like to focus on a research project in which I was involved together with colleagues of various disciplines. Some years ago we set up a study group to look into ontogenetics and plasticity, concentrating mainly on the health of human beings. Some theoretical-experimental findings of the group were published in an article that appeared in the July 2005 issue of Nature. Here I will discuss some of the key points from that article.

We have known for some time that many plants and animals are capable of developing in various ways, adopting characteristics that are best adapted to suit an environment in which they live. For example, it has been discovered that small size and slow metabolism can facilitate survival in adverse circumstances, while faster metabolism and larger size will benefit reproduction in times of abundant resources. These characteristics are often instilled at the birth of the organism or even determined by environmental signals to which their parents or predecessors have been exposed.

The individuals that have, in the course of their development, adapted to a specific environment might, however, be at risk when they are exposed to a different context or when, later in life, they encounter the inevitable processes of ageing. This is why biological evidence and scientific knowledge of these processes are extremely relevant in understanding human development and also its predisposition to certain diseases.

Striking evidence from a number of disciplines has focused attention on the interplay between the developing organism and the metabolic-environmental circumstances in which it finds itself. Fields of research as diverse as evolutionary ecology, behavioral development, life-history theory, molecular biology, and medical epidemiology have converged on the key finding that a given genotype can give rise to different phenotypes, depending on its conditions during ontogenesis. Many organisms can express specific adaptive responses to their environments. Such responses include immediate, short-term changes in physiology and behavior. Significantly, responses to the environment may be expressed in the offspring, rather than in the parents.

The freshwater crustacean *Daphnia* yields a classic example. Offspring whose mother had been exposed to the chemical traces of a predator are born with a defensive "helmet" that protects them against predators. This structure, however, can be a liability in a predator-free environment, where its construction cost reduces competitive success relative to no-helmeted individuals. Such phenotypic mismatches between the offspring's phenotype and its current environment can be costly in terms of both survival and reproductive success.

The desert locust (*Schistocerca gregaria*) provides another well-known example of developmental plasticity. Under low-density conditions, the locust is cryptic, shy, nocturnal, and sedentary. Under crowded conditions, the individual becomes increasingly conspicuous, gregarious, and diurnal over several generations and then migrates in enormous swarms.

Both of these examples demonstrate how the impact of the environment experienced by one generation can shape the development and behavior of the next. Therefore, as previously mentioned, depending on the stimulation and environmental changes to which a genotype is subjected, it can, in the course of its development, give rise to different phenotypes, thus demonstrating a high level of responsive plasticity and flexibility.

However, not all of the effects of the environment are adaptive, i.e. increasing the fitness of the organism. Variations within a species may be affected negatively by temperature, acidity, nutrients, water availability, population density, the presence of pathogens, predators, and exposure to toxins. Different phenotypes may reflect inevitable physical or chemical constraints. For example, reduced metabolic rates caused by low temperatures will influence growth rate and body size.

Environmental events may also disrupt developmental processes and lead to abnormalities. If conditions for development are not optimal, individuals may still be able to cope, but at a cost to their future reproductive success. The mature phenotype may often be different from one expressed under optimal conditions and not so well-adapted to adult life as would have been expected. In mice, for example, food restrictions can slow ageing by enhancing cellular maintenance and repair processes while reducing or shutting down fertility.

The varied developmental pathways triggered by environmental events may be induced during "sensitive", often brief periods in development. Outside these sensitive periods an environmental influence that sets the characteristics of an individual may have little or no effect. The reasons for plasticity being restricted to a particular period of life may be ascribed to the difficulties of reversing developmental processes, the costs in terms of survival or reproductive success of changing the characteristics of the adult organism. Female birds, for example, are able to alter many aspects of egg composition, including nutrients, hormones, antioxidants, immuno-globulins, and even embryo sex, in response to food availability, levels of sibling competition and the quality of their mates.

Such maternal effects can result from the influence of a single specific environmental factor that the female has experienced and which therefore also affects phenotypic development. This effect may persist over a number of generations even if the factors have changed or disappeared. For example, mammalian mothers who experience poor nutrition as fetuses often produce relatively light offspring during their breeding life spans.

These broad considerations from many fields of biology are relevant to understanding some of the critical variations in humans. The human baby responds to under-nutrition, placental dysfunction and other adverse influences by changing the trajectory of his or her development and slowing growth. Although the fetus was thought to be well-buffered against fluctuations in its mother's conditions, a growing body of evidence suggests that the morphology and physiology of the human baby is affected by the nutritional state of the mother.

It is possible therefore that human development may involve induction of particular patterns of development by cues that prepare the developing individual for the type of environment in which he or she is likely to live. Individuals may be

adversely affected if the environmental predictions provided by the mother and the conditions of early infancy prove to be incorrect. Mothers who live in habitual conditions of food scarcity, for example, produce much smaller fetuses enclosed in a more abundant placenta, as if the fetus is trying to compensate for such malnourishment by absorbing as many nutrients as possible from the mother.

Extensive epidemiological studies carried out for the most part in India have revealed that people whose birth weights approached the lower end of the minimum range, yet who grow up with high levels of nutrition due to increased affluence, run a high risk of developing coronary heart disease, type 2 diabetes, hypertension, and forms of premature obesity. Those born as heavier babies and brought up in affluent environments are much less likely to contract the above diseases. Although rapid improvements in nutrition and other social conditions appear to be beneficial to the life of the growing organism in the short term, it can have a damaging effect, as it does not follow the "environmental prediction" that the mother had programmed for it.

At this point we are looking at the field of diseases caused by civilization and the recent developments of Darwinian medicine that focus on the history of our species in a hunter-gatherer environment and the onset of agriculture some 10,000 years ago, when we evolved and thus definitively adapted to a new way of life. Cultural development followed rapidly over a short period of time and did not necessarily follow the same rules of biological evolution of organisms, which actually date back to the "dawn of time", thousands of millions of years ago when our planet was formed and life first appeared. Plasticity of organisms is therefore undoubtedly a powerful, but not all-powerful mechanism, especially in the short term.

I would like to conclude by citing a concrete example, which is supported by sound epidemiological data. The emergence of a new middle class in the Indian sub-continent has rapidly changed the traditionally poor diets of about 250 million Indians with a much more substantial nutritional intake. This new, improved regime may be too rich for those organisms that had historically evolved in the context of a low nutritional environment. One of the possible side effects and costs of this rapid mutation in life style is the dramatic prediction that India will soon have some 57 million diabetics!

*Bruno D'Udine, graduated in Pharmacology, and worked for many years for the Italian National Research Council at the Institute of Psychobiology and Psychopharmacology in Rome, where his main interest in research was the ontogeny of behavior. For extensive periods he worked at the University of Cambridge, the University of Edinburgh and the Pavlov Institute in Leningrad. At the moment he is Visiting Professor at the Scuola Superiore di Antropologia Culturale e Epistemologia della Complessità, University of Bergamo, Italy.*

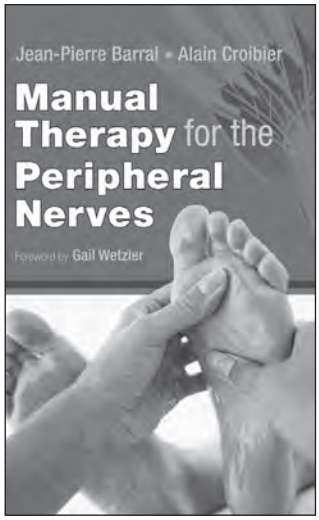
*In 1997 he gave the keynote address at the Rolf Institute of Structural Integration's® annual meeting in Denver. His address was published in Rolf Lines as "An Evolutionary Perspective on the Body-Mind Relationship", April 1988. In October1994 Rolf Lines published his article "Trends in Darwinian Medicine". He also addressedCertified Rolfers in 1986 at the European annual meeting, with a talk entitled "Biological Considerations on Rolfing", which he prepared together with his Rolfer wife Carla van Vlaanderen.*

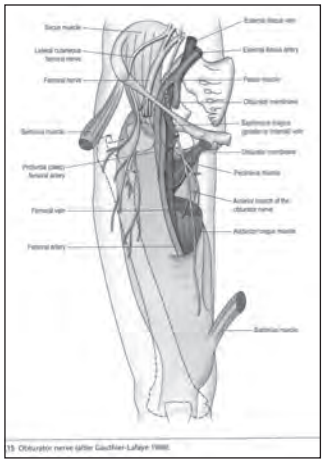
# *Manual Therapy for the Peripheral Nerves*
## by Jean Pierre Barral, D.O. and Alain Croibier, D.O.

## And a Preview of *Cranial Nerve Manipulation*
## by Jean Pierre Barral, D.O. and Alain Croibier, D.O.

**By Christoph Sommer, Certified Advanced Rolfer™**

Once again Jean-Pierre Barral, D.O. and Alain Croibier, D.O. have followed the original idea of Barral's thinking and practical experience: that the content is more essential to the organism than the container. In line with this general thought, the central and peripheral nervous systems (CNS and PNS) have been the focus of explorations over the past eight years. The fruit of this work is now becoming available in English-language editions, already with the publication of *Manual Therapy for the Peripheral Nerves* (Churchill Livingstone) in 2007, and with the forthcoming *Cranial Nerve Manipulation* (Churchill Livingstone, due in autumn of 2008).



An example of the excellent graphics in this book. Reprinted with permission.

The anatomy and function of the peripheral nerves – a network of about 60,000 miles (100,000 km) in length, with their own neurovascular support systems, internal pressure (turgor effect), and their global ruling influence on the human structure – seem obvious after the excellent description in *Manual Therapy for the Peripheral Nerves*. That nerves themselves have a supreme function and will protect themselves when necessary is experientially obvious to anyone that has had an irritated cervical nerve and a "stiff neck" – muscle spasms protect the irritated nerve from further injury.

In our structural integration practice we see the spine functioning primarily as a spacer, distributing weight and supporting gravitational alignment; or functionally as a spinal engine, inducing contralateral movement. What is often forgotten is the foremost important function of the spine: to protect the CNS and to support the unobstructed gliding extensibility of the CNS with its dural complex and continuous PNS. The spinal dura mater lengthens in flexion (forward bending of the spine) about 3 inches (7 cm) and shortens in extension (backward bending of the spine) about 1 inch (2.5 cm); the embedded spinal cord has to do almost the same excursion.

Nerves themselves are made up of their own vascularization (vasa nervorum) and their own enervation (nervi nervorum) embedded in various layers of connective tissues (epineurium and perineurium). Peripheral nerves consist of from 50 to 90 percent connective tissue (CT), depending on their function. The CT protects nerves in general from too much extension; the vascular turgor effect protects them from compression. As we know, tensions and injuries do show up in the connective tissue and will impinge the vascularisation of a nerve and create a feedback loop to the brain via the nervi nervorum. Thus, local, protective muscle spasms may have their origin in the nerve tissue itself.

In addition, as highlighted by Peter Hujing at last year's Fascia Research Congress, the neurovascular bundle itself is a highway of very direct force transmission, reaching further than the "regular" myofascial CT tension distribution and then possibly affecting the anterior or posterior horn of the spinal cord. Thereby any mechanical traumas will also be stored in the peripheral nerves themselves and will need to be released with a "nerve specific touch", respecting the tissue quality and the turgor effect involved.

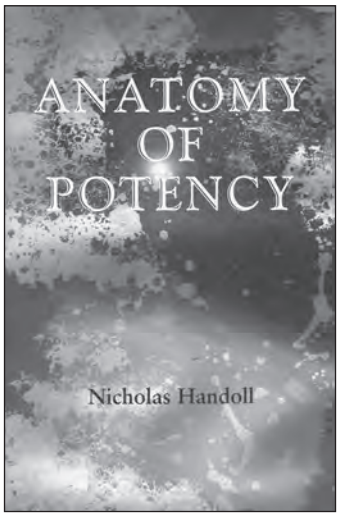
*Manual Therapy for the Peripheral Nerves* lays the anatomical groundwork for the manual resolution of these tensions and their muscular compensations, and shows the relationships between the various nerve plexuses and possible nerve-based pathologies in the limbs and the related spinal restrictions. Once again Barral and Croibier prove that soft tissue components are often primary to structural spinal fixations. It is a worthwhile practical book for practitioners to read and use as a dictionary. As would be expected, initiation into "nerve touch" is best learned in a course taught by someone experienced and approved by Barral himself; the learning then happens in one's own practice.

The book *Cranial Nerve Manipulation* is already available in French (*Manipulation des nerfs crâniens*; Elsevier, 2006). It elucidates the next step on this "nervous journey": the diagnosis and manipulation of the cranial nerves as they innervate the cranium and face, the meninges, the throat and the whole body via the vagus nerve are excellently described. The book contains the best illustrations I have ever seen so far, giving a clear three-dimensional view of where in space you will find the structures described. The cranial nerves themselves require highly sensitive manual perception skills on the part of the practitioner. Due to their very central effect on the whole human system via the most "noble human part" – the brain itself – it is important knowledge for any advanced practitioner to acquire.

The book itself will enhance your knowledge of the cranium's content and open the door to enhance your perceptual skills and help with lasting results on cranial lesions and many more structural problems you may encounter in your practice. However, even for experienced cranial practitioners, it is recommended to participate in a course by Barral-approved faculty to enter the realm of the brain in a safe and specific way.

# "Let us go then, you and I": A Review of *Anatomy of Potency* by Nicholas Handoll

**By Raymond J. Bishop, Jr., Ph.D., Certified Advanced Rolfer™**




This is a most curious book, a personal journey of discovery rather than a theoretical treatise. We might more properly say that we have here a most curious pair of essays that the author sutures together rather loosely and with inexplicable haste. In *Anatomy of Potency* (Stillness Press, 2000), author Nicholas Handoll covers considerable ground as he moves from his early student days through his arduous explorations of the worlds of contemporary physics and cosmology. The inspiration and reasons for this journey he identifies early. Yet, the path on which he leads us occupies most of the book and our willingness to follow him requires some patience and a level of technical understanding that will challenge yet delight many readers.

Before I comment further on this work, a brief explanatory note. Handoll states in his preface that he intends his book for osteopaths and those who already have a level of understanding of osteopathy comparable to that found in Sutherland's two main collections of essays: *Contributions to Thought and Teachings in the Science of Osteopathy*. Some familiarity with the mechanical aspects of Sutherland's model as presented in *The Cranial Bowl* and Magoun's more comprehensive *Osteopathy in the Cranial Field*, while not overtly stated, are I feel essential for a comfortable reading of this book. The author's explanations of the complex movements of the bones of the skull and face provided in the text will require multiple readings for most of us. Additionally, the pace with which he covers such topics as embryology, The General Theory of Relativity, recent theories of particle physics and astrophysics will for most readers move rather too briskly and may therefore frustrate those who have not previously read a fair amount on these topics for their own edification or amusement. That being said, let us look in more detail at this brief but far from concise volume.

After laying out some basic assumptions about his readership, Handoll quickly presents a history of Sutherland's work and his notion of the Primary Respiratory Mechanism (PRM). We soon learn that the author's sense of this mechanism is that it is passive rather than active. Handoll takes this a step further by arguing that despite Sutherland's belief that the source of this innate movement is internal, he experiences the source as external, a force of potency that seems to pass through the system rather than originating from within. Handoll also humorously reports going to the minimalist, Rollin Becker, with these concerns and receiving this typically laconic reply: "Read quantum mechanics." This cryptic suggestion acts as a catalyst for the journey of discovery that the author recounts in a humble yet breathtaking manner.

We also learn about an odd experience that altered Handoll's experience of time and space. In this vividly recounted event, he describes a sudden sense of his environment as suddenly not solid, a sense of energy passing through and around him, a sense that he was rather like a *jellyfish floating in a powerful ocean* of energy, the force and dimension of which exceeded anything that he had ever perceived. This profound yet ephemeral perceptual expansion precipitated his drive to better understand the source and nature of this energy. He hoped thereby to satisfactorily explain how this external force affects the PRM and more specifically his clients.

Handoll subsequently backtracks through some general information on Andrew Taylor Still and then looks again at Sutherland's work and its impact on the evolving science of osteopathy. He does this time and topic shift several times in these opening chapters and the effect is a bit jumbled. Handoll next discusses the embryology of the developing osseous and tissue structures and how this development affects the physical properties that are fundamental to Sutherland's theory. So much detail is presented so quickly that I marveled at Handoll's clear explanations of such difficult material.

I particularly enjoyed his discussions of the movements of the major osseous structures as well as his summary of the nature and properties of th cerebrospinal fluid (CSF). The fluid as described by Handoll has a number of important properties: among them are its apparent swelling and receding; its gelatinous movement which we encounter in the face and extremities; and its *inherent desire to express motion*. Handoll later suggests that as osteopaths track these subtle fluctuations, they attempt to activate the striving potency of the fluid that has been locked down or restricted by some disturbance from within or without.

What I found particularly interesting was the fact that ultimately Handoll ends up arguing that it does not matter if the bones actually move, what matters is that it feels to the osteopath *as if they move*. The interaction with the client and the relationship between the practitioner's hands and the bones, this is what is central, this is where accessing the health really occurs, the correctness of any given theory of origin, notwithstanding. Yet, despite this wonderful insight, Handoll proceeds to discuss numerous theories on the internal mechanisms of the PRM, rejects them, and takes us on his wildly hairy journey in search of an alternate quantum theory that matches his experience. I found this very curious while the author seems untroubled by this implicit breach of logic as he bracingly races along.

Before sharing the results of his "readings in quantum mechanics," Handoll ends the book's first section with a short discussion of strain patterns, also offering a series of appendices to supplement this tantalizingly brief chapter. One of the many curiosities of this book is the subsequent intercalated

chapter on diagnosis and treatment. Why this section is not simply included in the appendices and why he gives such short shrift to these fundamental topics, I cannot say. These decisions are among the many mysteries of this very peculiar work. However, after completing the book, I suspected that this intercalation was a sort of afterthought, a necessary yet odd disruption to this dazzling *tour de force*.

While contemplating the discussion that follows, I kept hearing the engaging opening line of T.S. Eliot's poem of alienation, "The Love Song of J. Alfred Prufrock", which reads "Let us go then, you and I." Why did this line of a favorite poem haunt me and why did I later decide to introduce it as a hook for my review? For reasons beyond rational understanding, random associations gradually took shape and assumed a life of their own. I came to feel that both Handoll and Eliot's anti-hero take us on revelatory journeys and invite us into their odd subjective worlds. However, unlike the tentative Prufrock, Handoll launches into densely worded considerations of challenging ideas with courage and supreme confidence. He moves fast, packing his discussions with incredible detail, a bolus of detail that I had trouble digesting and that left me with a feeling of exhaustion once it had passed through me. Why so many facts when so few become key connections for Handoll's argument? I could not answer this question and was left feeling therefore oddly dissatisfied as I sat for weeks trying to feel my way through his tangled labyrinth of intriguing speculation.

My sense of unease was compounded when I saw that he leaves himself a mere eleven pages to show us how his disjunct peroration through space-time relates to the notion of the PRM as externally activated. As I reflected further, I sensed that, for Handoll, the journey was more important than the destination, a very Zen way of thinking to be sure. Yet, overall, this obliqueness simply failed to satisfy my love of proportion and balance. I could not help but feel that much opportunity for developing clear connections for the wealth of ideas Handoll presents so brilliantly and with such masterful control is inexplicably discarded. This deficit both frustrated and intrigued me, particularly when considering Handoll's exceptional intuitive insight and intellectual acumen.

Taking an opposite tack from that of the author, I would like to look at a few aspects of Handoll's conclusions and tie them to those central tenets of recent physics that he explores. The world Handoll offers is a world that explains what Newtonian physics cannot. It is a place without an absolute vantage point, a space-time relativistic milieu where we influence our environment and it commingles with us in gloriously non-ordinary ways. The non-local locale we call our place in the universe is a complex environment of events that defy our limited perceptions at both a macro- and micro-level. At a micro-level, we find that our sense of solid matter is an illusion. What we experience as solid matter is highly permeable and mostly space, a result of repulsive forces that create a fuzzy barrier, an illusory border mimicked in an increasingly indistinct sequence of ever-smaller holographic images. At a macro-level, we and all other solid objects are constantly bombarded by a number of invisible particles, some of which pass through us, others pass deeper than the surface but are deflected, and yet others, such as protons, are repelled. We and all other crystalline objects that have matter, as we understand it, represent a small fraction of what constitutes our universe. Whether we call the remaining substance beyond our perception dark matter, antimatter, or manifestations of the vacuum density, as we come to embrace this dynamic notion of the universe, we ultimately see ourselves as a disturbance in a homogenous yet seething flux of energy.

This energy is a cauldron of activity, one where particles flash in and out of existence at mind boggling speeds, an energy that defies all conventional notions of relational space, a force that flits between multiple universes, moving through multiple time-frames, a magical universe where incomprehensibly large distances are traversed instantaneously, one where particles think and know. What an amazing place this is and how liberating to feel our place in it.

Handoll's expansive vision of our *holoverse* frees the practitioner and opens him to a broader perceptual field. It is this world that he works with and lives in as often as he is able to free himself from the limits of his normal perceptions. It is this extraordinary world that he accesses when he works. We come to see that it is his most ardent hope that we too may free ourselves of the need to do, and rather, learn the meditative arts of waiting, perceiving, and sensing, in order that we may allow the healing intelligence of the potency (the health) within our clients to emerge and manifest.

### *A FINAL CONSIDERATION*

In light of recent discussions about the osteopathic tides, I wish to briefly consider Handoll's external potency theory as it relates to this matter. Handoll mentions the tides only once in a rather cursory manner, not unexpectedly, stating that the experience of the movements of the CSF has a quality that resembles the tides, not that these movements are actual tides in any familiar sense. Again here, the point is not whether what we perceive is an actual tide per se, but rather that this notion of tide is merely one way that practitioners who interact with the fluids experience them. Descriptions of the tides by a few fellow practitioners who do what we normally call fluid work suggested to me a correlation between the notion of the long tide as having an external source and Handoll's model for the PRM as externally activated. Although Handoll never explicitly states this, there are enough similarities between his language and that of other teaching craniosacral therapists and osteopaths such as Sills and Jealous that we might convincingly argue a linkage between the two.

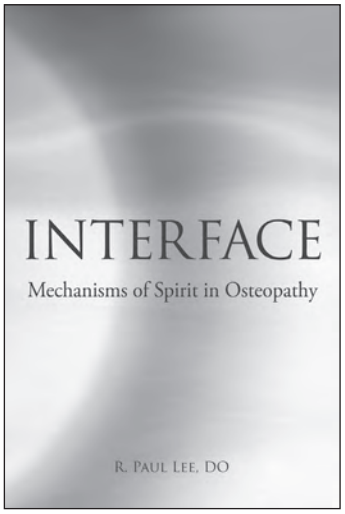
What occurred to me also was the notion that the mid tide has an internal source of activation, and that this perhaps relates to the various theories proffered (including those of Sutherland) which attempt to explain the source of the potency as an internal mechanism. I fear that this explanation may be far from unanimously accepted and therefore merely offer this as a reasonable deduction based on the material available to me as I write this review. Precisely how Handoll's model fits into current osteopathic thinking is unclear to me, although we can certainly state that he rejects any internal activation model. Therefore, much as I wish I could present a coherent explanation that would satisfy both Handoll and more traditional osteopaths, I cannot envision what such a unified theory might look like.

The journey we take with Handoll, while interesting and marvelously expansive, takes us so far afield that we are left meandering in the cosmos. My sense of this wonderfully adventurous book is that it raises many questions that it does not answer very well, introducing difficult

ideas at a breakneck pace, and failing to tie many of them together in his all-too-brief conclusion. The abrupt and choppy movements that this book stirred in me as I struggled to navigate Handoll's vast oceans of metaphor caused me considerable consternation. Yet, I mostly found the experience of floating in the hyperactive space of Handoll's world wonderfully disorienting fun. However, I found the permeable world Handoll strives so valiantly to create oddly impermeable, too heavy in detail that fails to coalesce. This is an ultimate irony that may perhaps be shared by others who link hands with Handoll on his very *un-Prufrockian* wanderings.

# *Interface: Mechanisms of Spirit in Osteopathy* by R. Paul Lee, D.O.

**By Ron Murray, D.O.(MP), Certified Advanced Rolfer™**



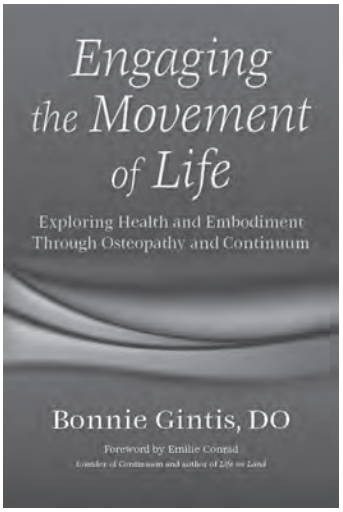

*Interface: Mechanisms of Spirit in Osteopathy* (Stillness Press, 2005) by R. Paul Lee, D.O. is an excellent presentation of the philosophical underpinnings of osteopathy. Lee states that one of his intentions throughout the book is to "enhance and broaden our comprehension of the wisdom of Dr. Still's philosophy" (p. 169). This is the primary theme of Chapters 1 and 2, introducing the philosophy of osteopathy and discussing A.T. Still and his thinking at length and through comparisons with other scientists and thinkers, both scientific and spiritual. Chapter 3 looks to the idea of the life force, key to both Still and William Garner Sutherland's thinking, including a discussion of "spirit" in osteopathy and treatment.

Chapters 4 and 5 offer Lee's "new view" and a paradigm of spirit interfacing with matter. Lee discusses water and connective tissue as representatives of spirit and matter, respectively. Interestingly, he states that "connective tissue is 'osteopathic tissue'...[expressing] the precepts of the osteopathic philosophy by demonstrating unity of function, a structure-function interrelationship, and the elements necessary for its maintenance and healing. If we treat the connective tissue, we treat osteopathically" (pp. 171-172). He also offers some insights into the gel/sol theory that has been proposed to help explain tissue change.

Since so much in the field of structural integration is borrowed from the osteopathic profession, Lee's book provides a useful bridge for the student who is studying the cranial concepts, and more specifically for those interested in the Biodynamic approach. He draws on a wide background to help explain his ideas while still keeping the material digestible for nonscientific readers. He also presents a model to help one understand the tidal motions that practitioners perceive with their hands. In the Appendix Lee gives us some gems to contemplate in his offering of a new understanding of Still's philosophy. This reviewer feels Lee's book is a must-read for those who are not content in their search for knowledge of the body and want a deeper understanding of health and wholeness.

# *Engaging the Movement of Life: Exploring Health and Embodiment Through Osteopathy and Continuum* By Bonnie Gintis, D.O.

**Reviewed by Pilar Martin, Certified Advance Rolfer™**




Bonnie Gintis is an osteopathic physician and a Continuum movement teacher who teaches and lectures worldwide. I have had the opportunity to study with her, as well as to enjoy her as a Continuum playmate. Both have been a pleasure and an enriching experience.

Continuum Movement, originated by Emilie Conrad, is a somatic practice exploring movement, sound and breath. It is characterized by an emphasis on inherent micromovements and wave-like motions and encourages creative exploration of our inner life and healing potential.

Osteopathy is a system of health care first developed by Andrew T. Still, in the American frontier of the 1890s. Still saw the importance of facilitating the freedom of movement of all aspects of the human body, in order to increase the expression of the relationship between structure and function. He recognized that if the body were free to move in all ways, healing, adaptation, and improved function would result. He discovered that in addition to manual manipulation of the bones and the soft tissues of the human body, the fluids could be treated separately from the organs, structures, and spaces that contain them. Blood, lymph, extracellular fluid, mucus, cerebrospinal fluid, and all other fluids in the body are all involved in the dynamic movements that allow the life force to express its full potential.

As described in Gintis's own words, "Continuum is not an exercise technique, in the same way that Osteopathy is not a treatment technique; both are approaches to a practice based on a philosophy, a deep respect for and trust in our self-correcting capability, a way of considering and appreciating life…"

*Engaging the Movement of Life: Exploring Health and Embodiment Through Osteopathy and Continuum* (North Atlantic, 2007) is Gintis's first book. In it, she invites us into an exploration of embodiment, through the insights that these two approaches have provided. She starts by exploring the flow of attention, ranging from the most analytic, scientific aspect of attention to the broad open-ended type that in Continuum is called "open attention".

She considers the nature of water, its unique qualities, and the way it shapes our organisms as it moves through us. The similarities between the body and the Earth, which are both 70% water, point to the possibility that the living human body is a vehicle for the movement of water on land.

From the fluid motions of water, she brings us to the embryonic field, the formative movements, the way metabolic gradients shape the embryo, and how these forces continue to guide the unfolding of our lives. The influence of the embryonic field is never-ending. By considering the embryo, we arrive at the layer of the mesoderm. Looking at the specific properties of its unique cellular development, plasticity, adaptability, and mutability, we can see how this layer subsequently develops into connective tissue, which gives shape to all components of our body. It is from the mesoderm that the structure of our body is formed. This continuum of the connective tissue, this communication matrix, is one of the vehicles that we as somatic practitioners influence in our daily practices.

Gintis invites us to expand our understanding of movement and our participation with health: our own health and the health of our clients. Opening portals into a different way of experiencing the human body, she takes us deeply into the phenomenology of embodiment. She states:

> Both Continuum and Osteopathy ask us to be in relationship, to be engaged with both the physical body and the non-material vitality of life. The gross physical and the energetic non-material are ends of the spectrum of one unity. Vitality is a characteristic of the potent life force. It is not a substance; it is not material. We cannot image or measure this force. We can, however, detect and experience the effect of its presence, as it is manifest in physical movement and form.

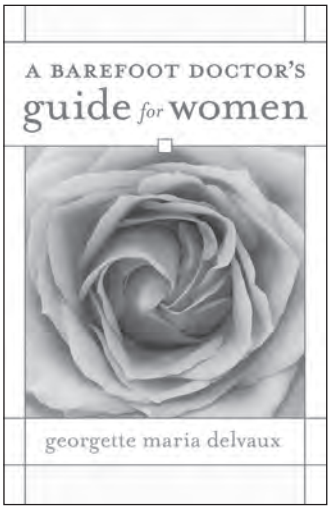
Gintis has done a wonderful job of defining the physical aspect of our humanity, then showing how we are infused with the "breath of life", the non-material part of our vitality. She puts concepts that are complex and immeasurable into very understandable words. We are not always able to name or explain these things, but we do know what she is talking about. It is something we all know through our hands.

This book is a very valuable tool to share with our clients as well as with other health professionals, as a means to transmit the mysterious and delicate world of somatics.

*You can read more about Bonnie Gintis and see her workshop schedule at www.bonniegintis.com. Her upcoming workshop in Munich, in April 2008, is open to Certified Rolfing® practitioners.*

# *A Barefoot Doctor's Guide for Women*
## By Georgette Maria Delvaux, D.C., Certified Advanced Rolfer

**Reviewed by R. Kerrick Murray, Certified Advanced Rolfer™**




Our colleague Georgette Delvaux has written *A Barefoot Doctor's Guide for Women* (North Atlantic Books, 2007), a candid survey of women's health issues that will likely prove to be a welcome addition to our clinical and personal libraries. Covering a wide range of topics such as menstruation, nutrition, insomnia, anxiety, fluid retention, osteoporosis, thermography, menopause, proprioception, and therapeutic relationships, Georgette writes from her perspective as a chiropractor, Certified Advanced Rolfer™, and "patient" of allopathic treatments.

With an easily read, conversational style, the chapters of *A Barefoot Doctor's Guide for Women* remind me of listening to a learned friend over a series of casual, sumptuous meals. It is not written just for women; if I were going to re-title the book, I'd name it *Concerning the Many Mysteries of Women and Our Uncomfortable Fears about the Female Body*. She offers numerous anecdotal stories from her personal life and practice that illustrate her perspectives of women's health care and her observations and zesty opinions regarding the relevance and importance of our "alternative" manual practices with the various fields of specialized allopathic medicine. Her qualified speculations on numerous topics (such as the relationship of proteins with osteoporosis and parabens with premenstrual syndrome) are accessible and understandable, and in the back of the book she provides thoughtful sections of notes and resources for follow-up by the reader.

Years ago, I witnessed Georgette literally leap onto a Rolfing® table (barefoot, of course), furiously filing her fingernails, in passionate pursuit of an optimal position to do some back work on a student's client. She brings that same sparkle and liveliness to her writing. Initially, I had reservations about how her style might come across to a conservative Western reader. However, in her closing chapter titled "The Pesky 'Why' Question", she shares her reasons for writing the book and her hopes for whom it will reach and help. I recommend reading that first.

In my opinion, this book is a useful resource to manual practitioners and clients alike, and I intend to have several copies that I can loan out.

# R. Louis Schultz

## *1927-2007*

■ On December 1st, a couple of weeks after his eightieth birthday, my friend and colleague Louis Schultz died. He had been in failing health for some time – lung problems from years of smoking as well as problems connected to his neck, which resulted in weakness in his legs. He was strong - good Norwegian (maybe Viking?) stock, but eventually there were too many burdens. He lived his life on his own terms, going forward, not complaining or repining. I miss him; many of us in the Rolfing® community will miss him.

Louis had a greater intellectual influence on Rolfing and the functioning of the Rolf Institute® than perhaps even he realized. He was an embryologist by training – a researcher and teacher. He brought that rigorous mode of thinking to Rolfing, specifically to the teaching of anatomy for Certified Rolfers™.

Ida Rolf knew a good thing when she saw it. She asked Louis to create an anatomy training appropriate for new Rolfers and he did so. He emphasized the role of connective tissue in the physical changes of Rolfing. He was adamant that "muscle anatomy" was not an accurate picture of the body that Rolfers were working with. Bone and muscle anatomy were useful as landmarks but they did not give the most precise picture. It was a new view of anatomy, and Louis taught it to all in that "first generation" of Rolfers. And then he trained some of them to understand and teach what he was teaching – the first generation of Rolfing anatomy teachers. That was in the 1970s.

Our book, *The Endless Web: Fascial Anatomy and Physical Reality,* was born out of Louis' ever-expanding insight into the role of connective tissue in the often surprising changes brought about by Rolfing. There were cognitive and emotional changes that apparently were based in memories lodged in tissue. As the tissue changed, the memories emerged into consciousness and often dissipated. In addition, Louis saw that there were ways in which the body re-sculpted itself, creating bands like buttresses in response to stress and misalignment. These bands were described in the book. The drawings and photographs documenting the bands are still startling, still new.

*Out in the Open* was written out of Louis' abiding interest in all aspects of human function and out of his feeling that no part of human experience should be shunned. The book brought him a population of clients who often felt there was no other place to take their difficulties.

In his later years, Louis continued to teach in the U.S. and overseas. He liked meeting and talking with each new generation of Rolfers, offering them his point of view and discussing their problems and insights. He was a natural teacher, easygoing yet precise about what he wanted to convey. He inspired affection and loyalty. As I said, I'll miss him – his sly sense of humor, his offbeat slant on things, his good heart.

**Rosemary Feitis**
**Certified Advanced Rolfer™**

■ December 1, 2007. It is a sunny day; the winds are very strong and cold. Louis Schultz left his physical body early this morning.

For the last three days his cousin Tom Groenfeldt and I stayed by his side and held his hands, ever watchful of his dreamy demeanor and tired eyes. Sometimes he spoke of how fulfilling his life was, or we'd reminisce of funny moments and stories, affirming our mutual love. And sometimes we simply enjoyed the companionable silence.

When we first met in 1993, I was a young professional dancer searching to expand my self-expression and trying to find a balance in my life that I felt was lacking. Louis introduced me to the first ten Rolfing sessions, and I found that the work transcended my mere physicality. I had no way of knowing it then, but that would mark the beginning of our relationship as student and teacher. We eventually became business partners, and for the rest of his life, he was my mentor and close friend.

Louis possessed a profound knowledge of the human body and its development. He was a teacher of biology, endocrinology, physiology, anatomy, and of course Rolfing. Our sessions inspired me to a life change, I was hooked, and I wanted to know all that he knew. It was decided that Louis would be my teacher. He would train me to become a practitioner of structural integration. His lessons were our daily project; the daily project became our way of living. I felt honored, humbled, and so fortunate for the opportunity to learn from one of Ida Rolf's first generation of teachers. Louis' dedication towards my schooling was extraordinary.

Louis generously embraced me into his New York City family, a very special network of Rolfing peers and companions who, to this day, I have the privilege of calling my friends and loved ones.

In 1997, Louis needed an operation for a lifelong spinal birth defect, in hopes to prevent a multiplegic condition. The success was limited, and Rolfing helped him maintain some mobility for a few more years. Miraculously, he continued to work and we formed a working partnership, Village Rolfing, where, working side by side, I continued to learn from him.

His ability to teach and understand the fascial network's effect on every aspect of a person's life was a true blessing. His unique style of Rolfing, crossing joints with long strokes, his fascial anatomical precision, and his expertise of the pelvic region were remarkable. I will always remember his words; "You need to learn the anatomy of

the human body, in order to forget it" and, "Trust your hands, and you will know where to go."

Together we ran our practice, taught workshops in Europe and throughout the U.S., gave lectures in community centers, did volunteer work (Louis' actions after 9/11 were tireless), and attended countless peer meetings and conferences. Louis was a sincere bon vivant. He enjoyed good conversation (what an amazing listener he was!), a glass of wine in Greenwich Village with a friend, the arts, and people watching wherever he traveled.

He was as strong-willed as he was wise. In all of our travels together he never allowed his physical impairments or ailments to stop him, rarely complaining about the pain that he clearly endured on a daily basis.

I will miss him. For the last fifteen years he has served as my mentor, my life anchor, and my most beloved friend. I will miss his companionship, his encouragement, his respect, and his constant care.

But for now in my mind, I will stay with the image of Louis floating on the Atlantic Ocean in Rio de Janeiro – holding him in my arms, because his own legs could no longer carry him…a modest token of my thanks for all he had given me, this was a moment I could give back to him…tears of happiness, laughter, and a smile lighting his face. This is a joyous memory.

**Marcelo Coutinho**
**Certified Advanced Rolfer™**

■ Louis Schultz was a very bright man, an independent thinker whose mischievous (and occasionally wicked) sense of humor blended well with his kindness and innately gentle nature. His contributions to our work over the past decades are more important and enduring than is generally known.

He was the Rolf Institute of Structural Integration's™ first instructor of anatomy, which is how I first encountered him. The lead-in class he taught was relaxed but thorough, and he helped us find the knowledge we sorely needed as we prepared to do the hands-on work we'd previously only observed. Even more important, though it was years before I realized it, he offered us an intellectual context to use in ordering and appreciating the world of experiences we would encounter in our practices. Though anatomy is an efficient language for helping students map some of the territory of Rolfing, Ida Rolf and Louis continually reminded us: "The map is not the territory." Louis prodded us to look beyond the incompleteness of classical anatomy and work toward knowledge of the complexity of living anatomy, especially the continuity of the connective tissues that contain and relate muscles, bones, organs and nerves. Happily, he saw his ideas affirmed at last October's Fascia Research Congress.

With a deft combination of expertise and playfulness, Louis drew on his research in embryology to help us recognize the fascial elements that are the medium of our art, showing us a body that was warm and flexible, quite different from the vacant, cold cadavers of our anatomy books. He brought into focus a body that was continually responding to the impetus of emotional and existential events as well as to physical forces. One very striking suggestion he offered was that just as we develop *in utero* as embryos, when we're born we simply move our continuing development out into a much vaster container, the wide world. These ideas, coupled with Ida Rolf's advice, "If you really want to understand this work, every time you work with a person, ask yourself how he or she got this way," have been immensely influential in my work to understand Rolfing.

Years later, during Rolfing classes in Boulder, Munich and Adelaide, Australia, I saw a lot more of Louis' students light up with that "Aha!" that made the work so much more accessible. I also enjoyed getting to know him much better as a colleague and friend. My late wife Janie and I loved having the opportunity to explore new territories together and it was immediately obvious that Louis was eager to join us, so when the three of us had the luck to be sent to teach the anatomy (Louis), movement (Janie) and manipulative (me) portions of the same classes, we sought out the best museums, hiking trails, shops, beaches and wineries we could find. Just as in his classes, there was never a lack of highly animated conversation or of laughter.

Rolfing® was as much a part of Louis as his bones. He was always ready to help, whether students, colleagues or exhausted emergency providers between shifts at "ground zero" right after 9/11. Fortunately, though he'll be missed, we still have the lasting help of those fine books he and Rosemary Feitis wrote. I recommend them to you.

**Nicholas French**
**Certified Advanced Rolfer™**

■ In my mind, Louis still sits in his apartment on 11th Street in his beloved Greenwich Village. I've just finished a great mystery that I want to share with him, and I know he has several to trade with me, so a dinner is in order; maybe a short walk to the Elephant and Castle, a light dinner, a glass of wine, and always a shared dessert, and maybe just a touch of gossip.

I look at him and admire him for the way he gets through the rough twists and turns of his physical life. He never complains, always seems to enjoy himself, always works things out, and always looks forward to the next interesting event. He has gathered around himself people who care about him and care for him.

Good job, Louis. Good life, well lived. Now, about that last mystery you gave me . . .

**Dorothy Hunter**
**Certified Advanced Rolfer™**

■ I went to New York City in November to attend Louis' and Rosemary Feitis' birthday party. That morning Louis had just returned from the hospital with pneumonia. He was on oxygen from his emphysema and it was difficult for him to put on a happy face to hide his struggle. Louis spoke of his compassion for Dr. Rolf's struggle in her eighties. He talked about his lifestyle choices of smoking and diet with no regret.

I worked on him for hours that weekend talking, sharing, crying, and got a wonderful opportunity to say "thank you" for everything, and or making my journey easier, wiser and a whole new depth. Louis gave me confidence after he watched me struggle teaching my first anatomy class. He was always my mentor. The hundreds of hours we spent together in classes, with five years of dissections, have immeasurably shaped my life. It seemed appropriate that his battle with his health had come to an end. He will be missed, but never forgotten.

**Ron Thompson**
**Certified Advanced Rolfer™**

# Graduates

**Unit III, January 8, 2008, Brazil**
Left to Right: Liliane de Abreu, Nailê Braga, Eliana Grotti, Eloisa Mara, Cristina Ibiapina, Marcela Moraes, Lucila Brandão, Monica Caspari (Instructor), Marcia Cintra (Assistant Instructor), Adriana Raucci, Rosângela Baía, Carolina Conrad, Ana Cristina Guida, Mônica Epperlein, Beatriz Vasconcellos.

**Unit III, December 14, 2007, Boulder, Colorado**
Front Row, Left to Right: Rosalie Reymond, Debra Duquette, Karen Ginger. Back Row: Anthony Cuneo, Patty Murphy, Sabrina Motta, Matthew Berean, Heather Wright, Bella Cohen, Danielle Martin, Jon Martine (Instructor), Brett Sanoval, Robert Cumming, Dave Sheldon (Assistant Instructor)

**Unit II, November 15, 2007, Boulder, Colorado**
Front Row, Left to Right: Jenn Soon, Penny Dalfrey, Andrea Rivera. Back Row: Kevin McCoy (Instructor), Sean Dunaway, Jessica McKinley, Adam Oostema, Jennifer Erickson, Hiroki Sato, Ann Shankle, Josh Malpas, Marty Morales, Kima Kraimer (Assistant Instructor).

**Phase II, Nov 28, 2007, Munich, Germany**
Front Row, Left to Right: Kalen Hsu, Margarete Blankartz, Bärbel Dubler, Ferran Moreno, Joachim Dietiker, Martin Wirth, Michelle Marsidi, Theres Grau, Amy Tan, Catherine Fong. Back Row: Raymond Smith, Mike Schmelzle, Gerhard Hesse (Assistant Instructor), John Bowley, Christina Ziembinski, Pierpaola Volpones (Instructor), Samuele Serreli, Sonja Yount, Anise Smith, Patrick Ward

# Graduates

**Rolfing Movement Certification, November 29, 2007, Florianopolis, Brazil**
Front Row, Left to Right: Rebecca Hammer, Birget Frank Middle Row: Ellen Presnell (Auditor), Kelly Stoll, Lael Keen (Instructor). Back Row: Kevin Frank (Instructor) Marielle Kemna, Michael Kallina, Isabel Brand, Loreni Marcom

**Unit III, December 6th, 2007, Brazil**
Front Row, Left to Right: Tessa Pulaski, Maria Cecilia Dithurbide, Lu Mueller-Kaul. Middle Row: Paula Matolli (Instructor) Elizabeth Cristiano (Lissa), Yosef Murphy. Back Row: Kelsey Kosick, Pedro Prado (Instructor), Rainer Ackermann, Alan Mann, Derek Gill, Phoenix J. A. Deleon, Keiji Takada, Kelsey Cusack, Cornelia Rossi (Instructor).

# 2008-2009 Class Schedule

## *BOULDER, COLORADO*

### Unit I: Foundations of Rolfing® Structural Integration/ FORSI

**August 25 – October 6, 2008**
Coordinator: Suzanne Picard

### Unit I: Advanced Foundations of Rolfing Structural Integration/ AFORSI

**July 13 – July 26, 2008**
Instructor: Suzanne Picard

**October 26 – November 8, 2008**
Instructor: Juan David Velez

### Unit II: Embodiment of Rolfing & Rolf Movement Integration

**October 13 – December 11, 2008**
Instructor: Jon Martine
Principles Instructor: Carol Agneessens

### Unit III: Clinical Application of Rolfing Theory

**August 18 – October 10, 2008**
Instructor: Jane Harrington
Anatomy Instructor: Juan David Velez

**October 13 – December 12, 2008**
Instructor: Ray McCall
Anatomy Instructor: John Schewe

### Rolfing Movement Training

**August 4 – August 14, 2008 – Phase 1**

**October 14 – October 24, 2008 – Phase 2**
Instructors: Jane Harrington, Rebecca Carli-Mills and Kevin Frank

## *BERKELEY, CA*

### Advanced Training (Extended Format)

**Phase I: April 21 – May 5, 2008**
**Phase II: September 1 – September 12, 2008**
Instructor: Michael Salveson
Co-instructor: Carol Agneessens

## *CHARLES TOWN, WV*

### Advanced Training (Extended Format)

**September 12, 13, 14 2008**
**October 10, 11, 12 2008**
**November 21, 22, 23 2008**
**January 9, 10, 11 2009**
**February 6, 7, 8 2009**
**March 6 , 7, 8 2009**
**April 3, 4, 5 2009**
**May 1, 2, 3 2009**
Instructor: Tessy Brungardt
Co-instructor: Jane Harrington

## *GERMANY/ MUNICH*

### Intensive Training 2008 / 2009

### Unit I:

### Movement Week

**August 04 – August 8, 2008**
Instructor: Pierpaola Volpones

### Anatomy Week

**August 11 – August 15, 2008**
Instructor: Conrad Obermeier

### Touch Week

**August 18 – August 23, 2008**
Instructor: Harvey Burns

### Unit II:

**October 06 – November 28, 2008**
Instructor: Harvey Burns

### Unit III:

**February 02 - March 25, 2009**
Instructor: Monica Caspari

## *ITALY/GERMANY*

### Advanced Training 2008-2009

**September 28 – October 10, 2008**
**in Bologna, Italy**

**April 20 – May 06, 2009**
**in Munich, Germany**
Instructor: Peter Schwind
Assistant Instructor: Pierpaola Volpones

## *SPAIN*

### Rolfing Movement Training

**November 21 – November 30 2008**

**May 21 – May 31 2009**
Instructors: Rita Geirola and France Hatt-Arnold

## *MELBOURNE, AUSTRALIA*

### Unit II: Embodiment of Rolfing and Rolf Movement Integration

**September - October 2008**
Instructor: TBA
Assistant: TBA

## *SYDNEY, AUSTRALIA*

### Rolf Movement Certification

**November 10 – 28, 2008**
Instructors: Monica Caspari & Ashuan Seow

## *KANSAI REGION, JAPAN*

### Unit II: Embodiment of Rolfing & Rolf Movement Integration

**January – March, 2009**
Instructor: Jim Asher

### Unit III: Clinical Application of Rolfing Theory

**September – October, 2009**
Instructor: TBA

## *BRAZIL*

### Rolf Movement Certification

**November 3 – November 27, 2008**
Instructor: Lael Katharine Keen
Assistant Instuctor: Kevin McCoy

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